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PARTICIPATION OF PEOPLE WITH DISABILITIES
IN DELIBERATIVE DEMOCRACY

A Thesis Submitted to the University of Warwick for the degree of PhD

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Declaration

No portion of the work in this thesis has been submitted in support of an application for another degree or qualification at this or any other university or other institute of learning.

The thesis is entirely my own work.

Abstract

“This thesis seeks to conceptualise a model of inclusion for people with disabilities in deliberative democracy, which on one hand addresses a gap in deliberative democratic theory and on the other hand provides practical insights for its practitioners. Despite its critical and emancipatory roots, in practice deliberative democracy has traditionally left people with disabilities outside deliberative decision making processes. The thesis identifies the root causes of this exclusion as deliberative democracy’s convergence with liberalism which leads to the construction of the deliberative citizen as a liberal citizen, its neglect of the embodiedness of deliberation and normalisation of able-bodiedness, and finally its neglect of the spatiality of deliberative sites in both micro and macro levels. The proposed model of inclusion seeks to reclaim the emancipatory quality of deliberative democracy by replacing the dominant liberal conceptualisation of deliberative citizenship with a caring citizenship. It highlights the embodiedness of deliberation and suggests instrumentalising the embodied appearance of the disabled in deliberative sites as a claim for recognition and voice. It proposes a way to translate the presence of the disabled in deliberative sites into preference. Finally, it highlights the role of the spatial arrangements in a deliberative site as a factor that contributes to inclusion or exclusion.”

INTRODUCTION

Setting the Stage: The Underlying Problem

Deliberative democracy calls for a qualified participation from citizens that would be demanding even in the most mature democracies. Its demands for rational reasoning and preference for the force of the better argument are almost impossible to meet for those who lack the communicative competencies, and as a result render them disqualified for meaningful participation in the deliberative sphere. The exclusion of citizens with communicative disabilities does not only raise questions regarding deliberative democracy's own emancipatory credentials and vision, but also constitutes a conspicuous democratic deficiency that has not been adequately addressed in the literature so far. The significance of this deficiency becomes even more striking when we consider that nearly twenty percent of any society live with a disability. Having a disability makes individuals a member of the world's largest minority group.¹

Deliberative theory's problems especially regarding exclusion are well known and have been discussed widely over the last few decades. In fact, its trajectory reflects a pattern of an ongoing dialogue between its theory and practice. In this on-going dialogue first a variety of issues relating to the theory are raised by its critics as well as practitioners, which in turn lead to modifications of blind spots in the theory, and so on. As a result, deliberative theory shed its earlier, more formal and procedural characteristics in favour of a more inclusive approach over the years. However, while discussions regarding inclusion and what counts as deliberation abound, they are limited to the participation of the average citizen. That "no one with the competency to speak and act may

¹ In the UK there were over 11 million people who live with a long term illness, ailment of disability in 2014 (Department for Work and Pensions 2014). In 2012 the US Census Bureau reported that nearly 1 in 5 people in the US have a disability (US Census Bureau 2012).

be excluded from discourse” is one of the most repeated maxims of deliberative democrats (Steiner et al. 2005; Cohen 2002; Benhabib 1996; Chambers 1995). Yet societies are made up of more than average citizens and deliberative democrats have not yet adequately addressed what then we ought to do with those who do not speak, act or reason with the competencies of an average citizen.

Although what is meant by this average citizen is not necessarily clarified and for the most part only self-explanatory depending on the context and arguments of the authors, it becomes obvious that the average citizen is at least an able-bodied citizen. In comparisons that problematize citizen competence the subjects are usually elites vs. ordinary citizens, the more vocal vs. the less vocal, the more politically active vs. the less politically active etc. Neither the critics nor the exponents of deliberative democratic theory acknowledge the existence of those whose physical or cognitive disabilities prevent them from voicing their preferences in a way that is expected from interlocutors in a deliberative setting. As a result, those who are probably most in need of being heard end up remaining voiceless, almost as non-existent citizens.

The place of the disabled in deliberative democracy is a question of how deliberative democrats see a significant portion of any given society’s citizens. Citizenship in the west has always expressed a right to deliberate with others and participate in determining the fate of the polity to which one belongs (Isin and Wood 1999, 156). While different traditions define and limit the extent of this participation in different ways stemming from various justifications and concerns, the vision and the self-proclaimed difference of deliberative theory is enhanced participation through deliberation.² In light of the current exclusion, do deliberative democrats see people with communication disabilities as citizens? Are the disabled to be content with their

² For different democratic traditions and their approaches see Held 1987.

citizenship as merely legal status, at the mercy of the decisions of the abled as a deliberative version of *civitas sine suffragio*? What is at stake here is the very democratic credentials of deliberative democratic theory, because as Dryzek points out, “without inclusiveness there may be deliberation but not deliberative democracy” (Dryzek 2010, 137).

The Significance of the Problem

This work, then, intends to explore and open new avenues in which the disabled can constitute themselves as political agents under new terms, and take their position in deliberative sites that have so far been unavailable to them. While contributing to deliberative democratic literature by addressing a significant gap in theory and its practice, it also brings together the aspirations of two projects that are inherently emancipatory: disability studies and deliberative democratic theory. It follows the “emancipatory disability research” paradigm, which rejects the traditional assumption that people with disabilities “suffer” from their physical or cognitive impairments and instead suggests that it is physical, cultural and social environments that exclude, disadvantage or oppress certain categories of people who are labelled disabled (Barnes, C. 2001). Similarly, deliberative democracy has always harboured an emancipatory potential, a vision of giving the otherwise disadvantaged groups voice and influence in democratic spaces (Knops 2006). Indeed, it is this emancipatory potential that gives deliberative democracy its self-proclaimed superiority over other, representative and liberal constitutionalist accounts of democracy.

The two emancipatory projects also provide us with two different yet complementary perspectives through which we can appreciate why the exclusion of people with disabilities from deliberative decision making processes must be problematized. From a disability studies perspective, this exclusion is part of the wider oppression that people with disabilities face in

their daily lives.³ Adapting Young's multi-dimensional typology of oppression, it becomes visible in the economic exploitation, social marginalisation, political powerlessness, cultural imperialism and violence that people with disabilities are forced to live with (Young 2002). Therefore, alleviating this exclusion is a step to mitigate their oppression. From a deliberative democratic perspective, deliberative democracy's values of equal access and equal voice are the most obvious reasons why their exclusion is problematic. From a policymaking perspective, participation has an economic value when people whose lives are affected by certain decisions are involved in the decision making process, mitigating the possibility of ill-considered policy and investments. I unpack these considerations in the following paragraphs, showing how the claims and concerns of the emancipatory disability research agenda converge with deliberative democratic ideals in the quest for inclusion of people with disabilities in deliberative democracy.

The oppression that people with disabilities face imposes on them a particular set of economic disadvantages and cost. Described by Gleeson as "costs of disability", these relate to – but are not limited to – the additional medical, social and transport needs that people with disabilities usually have. While there is usually no recompense from governments, people with disabilities face a double disadvantage in terms of their net income. Life costs of the disabled are £550 a month more on average, however they are usually employed in low paying jobs and more than twice as likely to be unemployed as non-disabled people (Scope UK 2016; Office for National Statistics 2016). Moreover, people with mental health problems may face up to a 42% pay gap when in employment (Campbell 2016). Largely as a consequence of the disadvantages they face in professional training and in the labour market, people with disabilities tend to be poorer than other socially disadvantaged groups. Their social marginalisation also becomes visible in their living

³ For many disability studies theorists this oppression is part of a wider social oppression that is connected to other forms of subjugation, which includes the oppression of deviant bodies identified on sex, gender and race lines. See for example Gleeson 1998, 130; Abberley 1987; Morris 1991; Oliver 1990.

environment – usually in the physical or socio-economic margins of cities – as well as in the inaccessibility of public urban spaces. They are further marginalised from mainstreams of power, including formal political spheres due to legal or administrative barriers, lack of awareness of political rights, inaccessibility of voting, the internet, audio-visual media etc. (European Union Agency for Fundamental Rights 2016). As a result, the able-bodied maintain their advantage in power relationships in the political sphere. Power is also maintained through violent means – while asylums and institutions are history at least in western contexts, the dominant cultural practices that privilege able-bodiedness still construct the disabled as the other, the deviant.

In light of this multi-dimensional oppression, participation of people with disabilities in deliberative sites is primarily an equality issue.⁴ The idea of a democratic people assumes that all legally affected individuals should be included and given rights of political participation. Hence, in a democratic order, the preferences and goals of the marginalised should count just the same as the preferences of all other citizens. They should have the opportunity to influence the decisions of a government, the regulation of the key institutions of society as well as the determination of the conditions of their individual and associational lives. They should be able to do this ideally in proportion to their stake in the outcome (Warren 2009, 17; Della Porta 2013, 40).

Participation of people with disabilities is also desirable in order to introduce new and important issues that relate to their lives into the political debate (Della Porta 2013, 42). While all issues are not equally important, all issues ought to be given the opportunity to access to, and be heard in the public sphere. When there is a track record of leaving certain groups of citizens and their

⁴ Following the participatory theory as formulated by Pateman, by participation I refer to equal participation in the making of decisions, and by political equality I refer to equality of power in determining the outcome of decisions. See Pateman 1970, 43.

views outside, or attempting to assimilate them to a single dominant culture, the recognition of the disadvantaged and the oppressed, and their opportunity to have a voice become especially important (Young 2002, 121; Andersen and Siim 2004, 17; Gastil et al. 2012, 21). Failing to do so by depriving the disabled of the right to take a place at the decision making table sends the message that they are not like other people and they are not wanted as part of the broader polity (Appelbaum 2000, 850). On the other hand an inclusive decision making process is a means to give them the opportunity of the fullest self-expression (Pateman 1970, 36). In this sense an inclusive deliberative site becomes instrumental not only in recognising, but also in reducing inequalities, as it provides the means and mechanisms for the existence, acknowledgement and the representation of the perspectives of those who are marginalised and oppressed. Beyond recognition and representation, participation can be an instrument for redistributing the resources to the advantage of the weakest and the most silent.

Participation is not only just but also educational and integrative. Because there is an interrelationship between the authority structures of institutions and the psychological qualities and attitudes of individuals, being taken into account as an equal and listened to – maybe for the first time in the case of people with disabilities – boosts self-esteem and communicates that the person with a disability is part of the polity (Goodley 2014, 9). The opportunity to partake in the polity can be a significant, therapeutic and normalising experience for people with disabilities (Appelbaum 2000). Therefore for the disabled individual the experience of participation in a deliberative site can be as important as decision making itself (Pateman 1970, 27). Besides, the inclusion of the disabled in deliberative sites is educational not only for those with disabilities, but for all who are present. Sharing deliberative spaces with disabled citizens may change the dispositions of the able-bodied towards the disabled, open their minds to new issues and experiences different than their own, and take

them into account in their thinking. The deliberative site, therefore, can become a school of democracy in a very immediate sense (Della Porta 2013, 41).

Finally, an inclusive deliberative site is also preferable from a public administration point of view, for it improves efficiency and cost – benefit payoff. Political or policy decisions which are a direct outcome of or informed by inclusive deliberation should be expected to decrease the possibility of error. Decisions and costly investments concerning people with disabilities will have a better chance of hitting the desired targets if they originate from or are informed by the preferences and deliberations of the very people which they are intended for. In this sense, the famous and now well established statement of the disability rights movement, “nothing about us without us” should be heeded not only as a political slogan, but also for the sake of administrative efficiency and cost-benefit payoff.

Thesis and Chapter Outline

With these concerns in mind, my distinct contribution to the field will be developing a model of inclusion for the disabled that brings together the insights of a number of disciplines which on one hand reclaim deliberative democratic theory’s emancipatory credentials and on the other hand provide practitioners with applicable, realistic steps. This model is informed by the insights of disability studies scholarship, which locate disability in the social and physical barriers around the individual rather than the individual herself. Deliberative democracy harbours a number of such barriers in its construction of the deliberative citizen and her competencies, and its conceptualization of deliberation and the deliberative site. The first barrier is deliberative democracy’s marriage with liberalism and the consequent construction of the deliberative citizen as a liberal citizen in the more dominant, liberal readings of deliberative democracy. I contend that this construction is one of the root causes of the exclusion of people with disabilities from deliberative democratic theory and deliberative sites. The second barrier

is deliberative democracy's neglect of the embodiedness of deliberation, which can also be linked to the first root cause. The third barrier is deliberative democracy's neglect of the spatiality of deliberative sites, both at the micro and macro levels. I identify and analyse each of these barriers in order to arrive at a conceptualisation of deliberative democracy that is conducive to the inclusion of people with disabilities in deliberative sites as equal citizens.

The main body of the work consists of two introductory and three analytical chapters. My main concern in the first two chapters, on deliberative democracy and disability studies respectively, is to lay the theoretical groundwork for the discussion that follows. In these two chapters I also put deliberative democracy and disability studies literatures in communication with each other. In Chapter 1 I give an account of deliberative democratic theory and highlight the different ways its practice excludes people with disabilities. After tracing the development of deliberative democracy through its normative, empirical and systemic phases, I problematize its demands from citizens regarding their competence as well as its conceptualisation of the deliberative citizen as a liberal citizen. I refer to deliberative democracy's Rawlsian roots in this context, and suggest that replacing deliberative democracy's liberal orientation with a caring orientation makes deliberative citizens more responsive to each other, while making deliberative democracy more inclusive of difference.

In Chapter 2 my goal is to bring disability and disability studies into the context of deliberative democratic theory, especially as they pertain to the inclusion of people with disabilities in public life. I trace the development of disability studies and explore the claims of disability scholars regarding attitudes towards disability in public life. In this discussion the social and critical models of disability provide us with the vocabulary which is then used to assess and

criticise deliberative democracy's assumptions regarding citizens. I contend that deliberative democracy follows society's prevalent attitudes against disability in its assumptions regarding the normal citizen, and in the many ways it ignores or excludes people who do not fit in this construction of normal citizenship.

One of the building blocks of the model that I develop comes from the critical model's insight that disability is an embodied experience. Meanwhile deliberative democracy's construction of normality implies disembodied citizenship as well as disembodied deliberation. The significance of the body has been ignored by deliberative democracy's Habermasian and Rawlsian genealogies, and gone unacknowledged by deliberative democrats ever since. In Chapter 3 I emphasize the embodiedness of both disability and deliberation, and suggest that the inclusion of the disabled in deliberative democracy starts with their taking their place, their embodied presence in deliberative sites. I then explore what this embodied presence can mean and achieve in the deliberative site.

In Chapter 4 I establish a link between the embodied presence of the disabled in deliberative sites and inclusion of the disability perspective from an epistemic point of view, arguing that deliberative sites that are already cognitively diverse become epistemically superior with the arrival of the disability perspective. Having suggested in the previous chapter that the embodied presence of disabled person is the first step to inclusion, I highlight here the need for the translation of this embodied presence into preference, because presence alone cannot communicate preference. In this discussion I turn once again to the caring orientation I had introduced earlier, and suggest that the care relationships between the disabled and their carers can facilitate this translation, whereby the disabled co-deliberate with their carers in deliberative sites. I then provide examples of how this co-deliberation can work in practice.

In Chapter 5 I introduce the theme of spatiality – another notion largely ignored by deliberative democrats so far – and argue that the spatial arrangements of deliberative sites are significant at both micro and macro levels in discussion of inclusion and exclusion, because space denotes power relationships that are not immediately visible. Here I discuss how spatial arrangements can include or exclude people with disabilities further, and consequently how an awareness of spatiality can be conducive to more inclusive deliberative sites.

In conclusion, and weaving the above themes together, the inclusive model I propose constructs the deliberative citizen as a citizen with a caring orientation. It acknowledges the embodiedness of disability as well as deliberation, and employs the embodied presence of the disabled citizen in the deliberative site as a claim for recognition and inclusion. It claims that the inclusion of the disability perspective makes decisions reached in deliberative sites epistemically superior, which in final analysis is worth the cost of the possible disruption that including the disabled may cause. Finally, this model acknowledges the role of the spatiality of deliberative sites in the inclusion or exclusion of certain segments of society.

At the cost of causing this introductory chapter to be unusually long, a number of concepts and topics need to be introduced before we can proceed to the main body of the work. In the following sections I first introduce and discuss my methodological approach, and then define what I mean by “people with disabilities”. The chapter ends with a description of Learning Disability Partnership Board (LDPB) meetings, which I attended regularly while I was developing this inclusion model. Most of the ideas explored in this work have been developed as a result of my observations on LDPB meetings and my interaction with LDPB participants. As a result, I regularly refer to my experience in LDPB meetings throughout this work.

Underlying Philosophy and Methodological Approach

Having set the stage by introducing deliberative democracy's problem of inclusion regarding people with disabilities and having reflected on the significance of this problem, the contribution and normative concern of this work is to recover and even further the emancipatory credentials and vision of deliberative democracy by exploring and proposing ways through which people with disabilities are included in deliberative sites. This exploration will be situated between the theory and practice of deliberative democracy, maintaining an awareness of the dialogue – tension if you will – between its theory and practice as I seek an attainable and workable approximation of deliberative theory that can accommodate the needs and adjustments that disability requires. In this, I follow Mansbridge's practice-thought-practice approach:

As sometimes happens with the most original forms of theory, this new theory derives from acute observation of practice. People who were actually engaged in trying to make democracy work tried first one form of practice and then another until they evolved a set of institutions that came closer to meeting their needs (Mansbridge 2003).

I employ a qualitative methodology which reflects the dialogue between theory and practice. I start with the theory and highlights its aspects that I deem to be especially relevant for my concerns. I then analyse deliberative sites at the micro-spatial level, in the context of a single deliberative site which is situated in a network of deliberative sites.⁵ I then feed the insights I have gained from these meetings back into deliberative democratic theory.

⁵ To be more specific, Learning Disability Partnership Board Meetings in Gloucestershire (see below). My focus is strictly on face-to-face, physical deliberative spaces and I leave broader sites of deliberation (e.g. web forums and internet based innovations) outside the scope of this work. The focus on micro deliberative sites also acknowledges the importance of face-to-faceness of deliberative democratic practice. As Parkinson 2012, 7 observes, physical public space matters to democracy and

By doing this, I make visible which norms or claims of deliberative democratic practice hinder the inclusion of people with communication disabilities. Having identified the exclusionary aspects of deliberative practice, I then adjust the theory's norms or claims, or suggest new ways through which people with communication disabilities can be included in deliberative practice. By using this ongoing pattern, my purpose is to help refine deliberative democratic theory, making it more sensitive to real-world constraints and opportunities (Dryzek 2007, 40). For this interaction between theory and practice, I make use of a unique setting, Gloucestershire Learning Disability Partnership Board (LDPB) meetings, where people with learning disabilities come together with local council staff and various other stakeholders in a deliberative setting.⁶

In my analysis of the LDPB meetings I use an interpretive approach which also has phenomenological and autoethnographic underpinnings. An interpretive methodology is best suited to my purposes for several reasons. First, I intend to capture the experiences, voices and complexities of public deliberation as it takes place in LDPB meetings (Hendriks 2007). By studying this specific context in depth, I seek to understand meaning - what really happens when the disabled and the non-disabled deliberate together, and why.

Second, I seek to understand a specific deliberative site in its local, social and institutional context. Here I am not interested in exploring a mechanistic causality that can be generalised anywhere and everywhere, but rather I want to understand how the actors experience this context and how their experience might inform deliberative democratic theory (Schwartz-Shea and Yannow 2012, 52).

neglecting the physical element can have detrimental consequences especially for people with disabilities, who are already physically as well as socially isolated from public spaces

⁶ A detailed account of LDPB is provided below.

Therefore, and third, I do not claim that my analysis and the following suggestions will solve the problem of exclusion once and for all. I do not seek a final settlement. Instead I seek to stimulate debate on an issue overlooked by deliberative democratic theory, and suggest one creative way of thinking that might help people with disabilities become visible and their voice heard. Finally, LDPB meeting participants come from very different backgrounds and experiences, not to mention varying levels of cognitive abilities. The interpretive approach is able to accommodate this multiplicity of roles, experiences and abilities, as well as actors' own interpretations that are found in this context.

My focus so far on the meaning that is embedded in words, actions and artefacts has emphasized the more hermeneutical stream of interpretive research (Yanow 2006; Dryzek 1982; Ercan et al. *forthcoming*). However a more phenomenological stream is also very relevant for my purposes. Phenomenology seeks to understand social and psychological phenomena from the perspectives of the people who experience that phenomena (Welman and Kruger 2002). It relies on a relatively simple principle: "providing a deep understanding of a phenomenon as experienced by several individuals" (Creswell 2012, 62). I try to understand the LDPB meetings as experienced by people with disabilities. The focal point is not the meetings themselves, but the shared experience of these meetings by people with disabilities as well as non-disabled interlocutors. . While I look for the meanings underlying words, actions, gestures, assumptions, interactions, procedures, rules, artefacts and spaces, the meanings that I arrive at are not inevitable. Rather, they are shaped by my experience as a former charity manager, and positionality as an academic researcher who has read relevant texts extensively – an opportunity most my observees did not have. Yet, these meanings are still not constructed arbitrarily or in isolation, because they emerged out of constant interaction between my observees and me.

Another aspect of phenomenology which is extremely relevant for my analysis is its emphasis on the significance of the body and the corporeal experience. Merleau-Ponty offers a phenomenological account of 'being in the world' as a means to correct the distorted accounts of experience found in rationalism. In his account the body is not a place but the starting place in an investigation of one's existence. There is no separation between the experiencing "I" and the body through which that experience takes place, as the body is the intermediary of consciousness (Merleau-Ponty 2012, 138) . The primacy which Merleau-Ponty attributes in his phenomenological perspective to lived experience and the significance of the body is a useful tool to understand the corporeal dimensions of inequality. Indeed, in *The Second Sex* we see Simone de Beauvoir employ his phenomenological understanding of the body as "the instrument of our grasp upon the world" (Beauvoir 1997 [1949]). Similarly, in *Justice and the Politics of Difference*, Young explores how corporeal modes of communication can maintain inequality in the gestures, tone of voice, movement and reaction of others (Young 2011 [1990]). Because of the embodiedness of the disability experience, my interpretive approach maintains a strong phenomenological outlook as well as a hermeneutical one. As I will explore in great detail in the following chapters, the presence of people with disabilities is a different type of presence. As a result, a phenomenological awareness is not only useful, but also necessary to understand what really happens in the deliberative site when people with disabilities are present.

Finally, inherent in my interpretive approach is also an autoethnographic element. Autoethnography seeks to describe and analyse personal experience in order to understand cultural experience (Ellis, Adams, and Bochner 2010). It starts with a personal story, which usually includes an epiphany that forces the person to analyse lived experience (Wall 2008; Bochner and Ellis 1992; Couser 1997). My personal story regarding disability started almost a decade ago when I first walked into a mental asylum in Ankara, Turkey, as the new manager

of an organisation that worked with people with physical and cognitive disabilities in state institutions. While I do not share my own personal narrative expressly in this work, the experiences and insights gained during this time shapes my analysis of the problem as well as the solutions I propose. In this approach, I follow – although silently – many disability scholars who wrote their own experiences into their own work to challenge mainstream views on disability and lay bare the oppressive attitudes of an able-bodied society (Holt 2008). Indeed, disability studies have been one of the areas autoethnography has been used widely, especially by disabled disability scholars (Denshire 2014).⁷

The autoethnographic element provides a layered account, in that my experience stands next to abstract analysis and interaction with relevant literature (Charmaz 2001). This approach is a response to the critique directed at autoethnography regarding its reliability, generalisability and validity. Autoethnographers are often criticised on the grounds that they are not rigorous enough, they do not do adequate fieldwork, they do not hypothesise, analyse and theorize (Ellis, Adams, and Bochner 2010). Duncan for example calls for “hard evidence” to support “soft impressions” (Duncan 2008). Similarly, Starks warns against relying on stories alone, because although there may be good stories, stories do not constitute good scholarship on their own. They must be supported by theoretical abstraction or conceptual elaboration (Sparkes 1996, 24). In response, the stories I tell do not stand on their own. Rather, they provide the link in the interaction between the theory and practice of deliberative democracy in the manner that Mansbridge describes, as I cited above. Moreover, to highlight their relevance and reinforce their validity, when I tell a story, I support it with a second account found in the literature to show that

⁷ The use of autoethnography as a research method by disability scholars is again rooted in the oft-repeated “nothing about us without us” slogan (Charlton 1998). The expert on disability is not the clinician or the researcher, but the person who experiences disability or illness herself.

my experience of, and reflections on a singular event converge with other scholars' experience of and reflections on similar contexts.

The data comes from two years of participation in LDPB meetings, participation in the meetings of various other organisations connected to LDPB as well as conversations and interactions with individuals who are connected to the LDPB one way or another (for a detailed list of these meetings and conversations, see Appendix A). I used participant observation, observation notes, conversations and document analysis. The methodological approach that I have employed was in one sense forced upon me due to the requirements under which I could work with the LDPB. When I enquired about observing meetings for my research, I was given one condition – I would have to become a full member and participant of the board and contribute to the discussions.

Moreover, it became clear very soon that I was not going to be able to interact or conduct substantial interviews with learning-disabled participants. There were a number of reasons for this. First, there were multiple layers of gatekeepers – NGO staff, council staff and carers who thought that the disabled were in need of their protection. The first few times I inquired about the possibility of interviews with board members with learning disabilities, I was given a number of reasons why this would not be possible or productive – the individual does not like talking to strangers, the individual cannot sit through an interview or a chat, the individual would feel too anxious etc. As a result, I adapted my expectations and methods. Instead of interviews, I would have brief chats, informal conversations with the disabled before or after meetings (usually in the presence of a gatekeeper). This way I was able to access snippets of information and insights here and there instead of structured or semi-structured interview data.

Second, being a visiting academic immediately put me in the position of an expert, where most people in the room – both the non-disabled and the disabled – looked up to for insight. In virtually any conversation, no matter how many questions I attempted to ask, the individuals wanted to know what I, the expert, had to say to them: How did I find the meeting? Were they doing well? What would I recommend to improve their meeting? As a result, I had to rely on the insights gleaned – with labour - from informal, spontaneous chats, rather than substantial, structured interview data.

Third, having to attend the meetings as a participant rather than an observer, along with my past experience as a disability charity manager, made me too much of an insider. Therefore it was clear from the very beginning that I could have no illusion of impartiality so far as the needs of the disabled were concerned for their full inclusion in deliberative democratic theory. My understanding of this social and political phenomena was clearly shaped by the experiences and perspectives of those I shared the deliberative space with, but also enriched by my past professional experience. Therefore – bringing the phenomenological stream in once again – I will also have to admit that my description, analyses and conclusions regarding what really happens in Gloucester's LDPB meetings and how these analyses and conclusions inform deliberative democratic theory will be an outcome of my own personal experience of this deliberative site as a participant, and as an ally of the community of people with disabilities.

Who are people with disabilities?

So far I have used the terms 'disability', 'disabled' or 'people with disabilities' without so much of a definition. Arriving at a universally accepted standard or definition of what constitutes disability is not possible because disability is not a monolithic entity. Even though people with the same disability might share common traits and challenges, disability exists in an enormous variety and countless experiences. Some disabilities are visible, some are not.

Some are acquired gradually or at a certain point in time; some, people are born with. Every person with a disability is unique, so are her needs, preferences, expectations and interactions with her environment. Furthermore, disability is only one part of the totality of an individual's identity and its role and impact will be different in every individual case. Therefore if we attempted to identify who is disabled and who is not, our identification would have to be based on a particularly narrow set of relative values and assumptions of normality (Oliver and Barnes 2012, 27). The identification and naming process is an inherently social act, which influences the responses we then give to various physical and cognitive disabilities (Dear et al. 1997). For some medical philosophers, even clinical diagnoses are speech acts and in this capacity "they establish social realities and roles independently of whether they are true or not and state or communicate any facts" (Sadegh-Zadeh 2011, 415). When we also consider the fact that new diagnoses are added or existing diagnoses are revised in every new edition of the diagnostic guides that mental health professionals use, we are faced with a very complicated picture of what mental health, illness, good health and diagnostics are.⁸

Informed by these insights and in order to acknowledge the fluidity of disability, I use the term 'disability' in a broad and functional sense to denote a person's relevant abilities and the extent to which these abilities match the demands of a particular reasoning and decision making task (Wong et al. 2000, 296). The particular reasoning and decision making in question correspond to democratic deliberation, and the person is disabled – cognitively, physically, or both – to the extent that the demands of the deliberative space render her unable to deliberate. This conceptualisation of disability is also informed by and compatible with both the World Health

⁸ Mental health professionals use two guides: The Diagnostic and Statistical Manual of Mental Disorders, first published in 1952 and revised for the fifth time in 2013 and psychiatric illnesses section of the International Classification of Diseases, currently in its 10th edition. Therefore new diagnoses are added, or existing diagnoses are revised or changed in at least every 10 years

Organisation's definition of disability, which sees it as a participation restriction among other things, and the social and critical models of disability, as the discussion in the following chapters will make clear.⁹ The common thread in these conceptualisations is that disability is not located in the person, but in the "complex of embodied differences rendered pathological by discursive and material practices" (McKinney 2016, 114). The focus on the restriction and the inability to deliberate – rather than the type or nature of the disability itself – enables us to use one form of disability experience (i.e. the exclusion caused by one form of disability) to address a variety of other experiences. In other words, what matters for this discussion is not the exact nature of the disability itself, but the resulting exclusion that certain demands impose on that disability.

Learning Disability Partnership Boards and Meetings

When I started thinking about the inclusion of the disabled in deliberative sites, I could find no reference in the literature to any instances of deliberation where the disabled were included in the group of interlocutors. I was preparing therefore for my enquiry to be mainly theory reliant, with no insights from practice. One day in a conversation with a mental health charity worker I heard about the Learning Disability Partnership Board (LDPB) meetings mentioned in passing. When I asked him to tell me more about these meetings, I soon realised I stumbled on a unique deliberative setting that had gone unnoticed by deliberative democrats. In the following days I contacted the LDPB board chair in Gloucestershire and stated my interest in conducting empirical research. The response from the chair was very positive, indicating that I was welcome to attend their meetings, however they had one condition – I was not allowed to stay on the side. I would be expected to become part of the community as an insider who contributed to their meetings.

⁹ The definition of disability used by WHO covers impairments, activity limitations and participation restrictions. See <http://www.who.int/topics/disabilities/en/> (Last accessed in 1 March 2015)

I have already explained above the implications of this condition for my methodology. In the next two years LDPB meetings became for my work a laboratory of ideas in terms of what happens when the disabled and the able-bodied meet for deliberation. Most of the ideas developed in this work are a result of my participation and observations in meetings, and interactions with both the disabled and non-disabled LDPB members. Many of these observations are mentioned in the following chapters. Therefore it is important to give a brief summary of what LDPBs are about and how they work. I provide that summary below.

In March 2001 the UK government published *Valuing People*, the first white paper for people with learning disabilities in 30 years and dubbed “a new strategy for learning disability for the 21st century” (Department of Health 2001).¹⁰ This new strategy aimed to address the major problems people with learning disabilities and their services were facing, and introduced four new key principles as an overarching framework: rights (that people with learning disabilities should have equal legal and civil rights), independence (that people with learning disabilities should be given the chance and means to lead more independent lives), choice (that people with learning disabilities should have more choice and be able to express and achieve their preferences) and inclusion (that people with learning disabilities should be included in mainstream society).

The new approach was different not only because of its content, but also because it allowed people with learning disabilities to play a direct part in formulating government policy. Insights gained from a series of visits to local groups of learning disabled people by the Service Users’

¹⁰ This white paper and strategy replaced *Better Services for the Mentally Handicapped*, London: H.M.S.O., 1971. The agenda established for the next two decades was markedly different from the previous ones, in that, it adopted a less medical and more person-focused approach and focused on reducing the number of places in hospitals and increasing provision in the community. It committed the Government to helping people with learning disabilities to live “as normal a life” as possible, without unnecessary segregation from the community. It emphasised the importance of close collaboration between health, social services and other local agencies. See *Valuing People* p. 17.

Advisory Group, published in a report titled “Nothing about Us without Us” were incorporated in the objectives of the new policy.¹¹ In this report, as well as in the *Valuing People* document, several issues that people with learning disabilities face were raised. To mention a few, it became apparent that people with learning disabilities have little control over their own lives although almost all – including the most severely disabled – are capable of making choices and expressing their preferences.¹² Despite this fact, they had little involvement in decision making at the local or national level, they were not taken as central to the planning process and not enough effort was being made to communicate with them in appropriate and accessible ways. Moreover, they no longer wanted to be treated as passive recipients of services, but instead wanted to be involved in the decision making, planning and delivery processes as active partners.

Valuing People identified some of the biggest barriers to the involvement of people with learning disabilities in decision making processes as limited awareness of or support for local groups, little or no community involvement, lack of accessible communication between decision makers, service providers and people with learning disabilities, lack of training and development opportunities (for both people with learning disabilities, their carers, as well as frontline service providers and local decision makers), and unevenly developed citizen advocacy and self-advocacy. Lack of secure funding added another layer of difficulty for the potential improvement of these issues. In the face of these significant challenges the white paper set out new national objectives for services for people with learning disabilities, supported by new targets and performance indicators for local agencies.¹³

¹¹ The Service Users Advisory Group included representatives from People First, Mencap, Change and Speaking Up.

¹² *Valuing People*, 4.1.

¹³ These eleven objectives aim to cover every aspect of disabled people’s lives, at every age and stage in life: maximising opportunities for disabled children, transition into adult life, enabling people to have more control over their own lives, supporting carers, good health, housing, fulfilling lives, moving into employment, quality, workforce training and planning, and partnership working.

In 2009, nearly eight years on from *Valuing People*, a new three-year strategy for people with learning disabilities, titled *Valuing People Now* was introduced. Using the tagline ‘making it happen for everyone’, *Valuing People Now* reiterated the four key principles and acknowledged the progress made in the last seven years. The new goal was taking forward the implementation of the policy set out in *Valuing People* especially by reaching more people with learning disabilities, emphasizing personalisation and partnerships. *Valuing People Now* also acknowledged once again that “citizenship is also about contributing to society, in whichever way we can”. Although people with learning disabilities have traditionally been viewed as recipients of care and of services, they too have a role to play as contributors. Wherever possible, people with learning disabilities should be supported to work, pay taxes, vote, do jury duty, have children, and participate in community activities or faith groups.¹⁴

Perhaps one of the most exciting innovations of the *Valuing People* agenda was the establishment of Learning Disability Partnership Boards within the framework of the existing Local Strategic Partnerships. The 150 Learning Disability Partnership Boards across the country would have lead responsibility for ensuring the implementation of the new *Valuing People Now* objectives at the local level. Every local authority in England and Wales was thus instructed to develop local action plans to this end by October 2001. The rationale behind the LDPBs was extending the partnership model to learning disability services, as effective partnership working by different agencies was seen as the key to achieving social inclusion for people with learning disabilities. The Government expected all local agencies to partner in their provision of services for people with learning disabilities. These included social services, health, education, employment, housing, transport, leisure and the Benefits Agency.

¹⁴ *Valuing People Now*, p. 28.

LDPBs would bring together public, voluntary and independent agencies. Their membership would include senior representatives from social services, health bodies (health authorities, Primary Care Trusts), education, housing, community development, leisure, independent providers, and the employment services. Special mention was made of the participation of the representatives of people with learning disabilities and carers as full members. LDPBs had to particularly ensure that people with learning disabilities and carers are able to make a real and meaningful contribution to the Board's work. The cultural diversity of the local community had to be reflected in its membership, therefore minority ethnic representation had to be encouraged where appropriate and necessary. Local independent providers and the voluntary sector also had to be fully engaged and included by the local council.

LDPBs were essentially designed based on deliberative democratic principles, although this was not explicitly acknowledged. They would work within the four key principles framework, ensuring the availability of service options to meet people's assessed needs (rights), including the agencies responsible for housing, education, employment and leisure in local planning and commissioning (independence), opening up wider services options for all people by coordinating greater integration between agencies (choice) and giving people with disabilities, their families and carers the opportunity to be involved in local partnerships (inclusion). To achieve these goals, they relied on the active participation of all stakeholders in decision making. Monthly LDPB meetings would become the deliberative sites where decisions that affect the lives of people with disabilities would be made.

Valuing People in Gloucestershire

Gloucestershire LDPB was established in accordance with the Valuing People directive. When I started attending regular LDPB meetings in 2014, the board had already been well established. In 2010 Gloucestershire County Council produced *The Big Plan*, an 80 page document which would guide the services for people with a learning disability in Gloucestershire between 2010 and 2015.¹⁵ *The Big Plan* was founded on the principle that people with learning disabilities have the same human rights and responsibilities as everyone else. These included the right to choose to live independently, the right to exert as much control as they can over their lives and the services they use, and the right to participate in every aspect of their local community. It also highlighted the role of participation and partnerships as the key means of putting people first. It promised greater say in monitoring, planning, delivery and in some cases managing the services targeting people with learning disabilities. To help make this happen, council staff was going to be trained to encourage and promote an enabling approach in their work.¹⁶ It also promised to ensure that the voices of carers are present in all aspects of planning and delivery of services.¹⁷

The LDPB makes sure that the Big Plan is put into action. It makes decisions about how the Big Plan Development Fund is spent. It reports annually to Public Health, Gloucestershire Health and wellbeing board. Also regularly reports to the Joint Commissioning Partnership and the Learning Disabilities Programme Board. It consists of several “action groups”, which are smaller deliberative meetings tasked with a particular aspect of *The Big Plan*: Employment, Housing and Supported

¹⁵ The Big Plan 2010 – 2015 replaced the previous strategy for learning disability services in Gloucestershire which ran from 2004 to 2009. The new plan was introduced in light of the changes in government policy (as exemplified in the four documents which were published in within that period: *Valuing People Now*, *Putting People First*, *Healthcare for All* and *P.S.A. 16*), changes in the expectations of local people and the improvements in services that the earlier strategy had brought about

¹⁶ *Big Plan*, p. 17.

¹⁷ *Ibid.*, p. 5.

Living, Health, Community Relationships and Leisure, BME (black and minority ethnic) and Newly Arrived Communities and Putting People First.¹⁸

Each of these action groups have their own charter of strategy and activities, and meet regularly. Quarterly reports from the action groups are presented and discussed at the larger LDPB meetings, which are held every two months. The board reports to the Gloucestershire County Council Cabinet and Public Health England annually. The Joint Commissioning Partnership Board as well as the Learning Disabilities Programme board also receive regular reports from the LDPB.

Soon after *The Big Plan* was announced, the Learning Disability Partnership Board held a conference to get the views of the public, and especially the community of people with learning disabilities on the new framework. Over 140 people from each area of the county were present. The suggestions from the community to the council leaders were in favour of the emphasis on participation and partnerships. However they demanded substantial rather than tokenistic involvement: listen to us and do what we say, make the information better and more accessible for everyone, keep deliberative groups small so all can talk, show us evidence of putting what we say into practice, involve us in planning and service changes, help providers change by offering more training, come out and talk to local groups, do more to involve people from black and minority ethnic groups and people with higher levels of disability.¹⁹ These demands would also set the agenda for the next five years of LDPB meetings.

The Partnership Board has two co-chairs: one non-disabled, and the other with a learning disability. Board meetings are attended by people with learning disabilities (also called self-

¹⁸ These sub-groups change from year to year. The list here mentions all groups that have been set up since 2010, meaning that some of them might not be in existence anymore.

¹⁹ *Big Plan*, p. 40.

advocates), carer representatives, a lead joint commissioner, representatives from the various teams of the council, representatives from 2gether Trust, representative from the Jobcentre Plus, representatives from the BME Community Development Group and representatives from other voluntary organisations. When the need to vote arises after discussion, only members are allowed to vote. Decisions however can only be made at a meeting where minimum quorum is in attendance. That is, a minimum of 2 people with learning disabilities, 2 family carers, 2 people from statutory organisations and 1 person from an organisation providing a service to people with learning disabilities. LDPB meetings take place in the physically accessible meeting rooms of the Shire Hall (i.e. Gloucestershire Council House). Action groups also meet in the same building.

In this introduction I have set the stage by introducing deliberative democracy's deficiency regarding the inclusion of the disabled and discussed why this problem is significant. I have then proposed my solution to the problem by introducing a model of inclusion. The chapter outlines indicated how I intend to build this model. We are now ready to start building this model by laying the theoretical foundations in the first two chapters.

CHAPTER 1

Deliberative Democracy and the Deliberative Citizen

Introduction

Despite its critical and emancipatory roots, deliberative democratic theory has been cluttered with liberal assumptions which exclude people with disabilities from deliberative sites. To surmount the exclusionary results of these assumptions we need to innovate in particular to pursue the role of an ethics of care in a more nuanced and deepened conception of deliberative democracy. In order to begin this task, this chapter traces the development of deliberative democracy from its inception to the present day, with particular emphasis on how the theory and its practice in deliberative sites developed over the decades in response to the demands of politics in the real world. After three decades of interactions between deliberative democratic scholarship and its practice, it would be impossible – and not to mention unnecessary – to provide a comprehensive account of the theory, its critique as well as its application around the world. My aim, therefore, is not to provide a detailed analysis. Rather, I intend to lay the groundwork and put the signposts in place for my own project, which is to do with the place and inclusion of people with disabilities in a deliberative democracy today. Therefore each concept or topic treated below is chosen because of its significance for the case I will be building in the following chapters.

The chapter is divided in two sections. In the first section I follow the often repeated “turns” of deliberative democratic theory to describe its development. Several points become apparent in this discussion. First, deliberative democracy’s earlier normative promise is still relevant for an emancipatory and inclusive politics due to the conceptual tools this period provides us with. In my review of the normative period I discuss two of these tools, the ideal speech situation and validity claims, in detail. Second, the theory has been subjected to a number of modifications as its

assumptions and claims were tested in experiments or applied to daily politics. The review of the second, empirical period tells us how deliberative democracy has evolved over the years to meet the demands of social and political realities. Third, deliberative experiments and exercises have shown us that deliberative democracy's potential and promise can go much further than what takes place in single deliberative sites. In my review of the systemic period, I discuss how the expansion of deliberative democracy's boundaries and scale requires us to think about deliberation in many different contexts. Finally taking note of the advances as well as the limitations in these "turns" is crucial for this project, because I also propose a further set of modifications in a variety of contexts in order to secure the inclusion of people with disabilities in deliberative democratic decision making processes.

One of these modifications comes into focus in the next section, where I take up the question of the deliberative citizen. Here I problematize the construction of the deliberative citizen as a competent citizen in the liberal sense. This construction is linked for the most part to the Rawlsian genealogy of deliberative democracy, but also taken for granted in contexts where deliberative democracy has flourished in liberal hands, as the examples I provide demonstrate. My goal in bringing up this point is to highlight the undue burdens such a construction puts on the shoulders of average citizens. I contend that this liberal orientation is one of the reasons why the inclusion of people with disabilities has been off the radar for deliberative democrats. I suggest replacing deliberative democracy's liberal orientation with a caring one. I summarize the claims of care theorists especially in contrast with deliberative democracy's liberal assumptions. I then explore how caring qualities would transform deliberative practices in general, and what a caring orientation would look like for deliberative citizens and deliberative processes in particular, also bringing deliberative democracy back to its emancipatory roots.

I. "Deliberative Turns": Exclusion in Theory and Practice

The First Generation: Normative Beginnings

First coined in 1980 by Bessette, deliberative democracy has become the foremost democratic theory in the last three decades (Bessette 1980). It is now not only commonplace to talk about the “deliberative turn” in democracy, but deliberation itself has for a while been taken as “the essence of democracy” (Dryzek 2000, 1). Simply put, deliberative democracy is a normative account of democracy which bases the legitimacy of decision making processes in the effective deliberations of free and equal citizens who are subject to collective decisions (Dryzek 2000, 2; Elster 1998, 1; Bohman and Rehg 1997, ix). The emphasis on collective decision making in general, and viewing the democratic legitimacy of decisions as based on opinion transformation rather than the aggregation of preferences is not new. Indeed, Thucydides wrote in as early as 5th century B.C. that “instead of looking on discussion as a stumbling block in the way of action, we [Athenians] think it an indispensable preliminary to any wise action at all”²⁰ (Thucydides and Rhodes 2009). In modern times classic writers ranging from Dewey to Arendt, from Rousseau to Mill and from Burke to Rawls have been associated with the ideals of deliberative democracy (Elster 1998; Bohman and Rehg 1997, 12).

The concerns of the first generation of deliberative democrats were mostly normative. They attempted to justify deliberative democracy and highlight its superiority to the more aggregative forms of democracy, and answer how discursive procedures can guarantee a more legitimate decision making process in a democratic polity (Elstub, Ercan, and Mendonça 2016, 141).²¹ In this period it was Jürgen Habermas and John Rawls – representing critical and liberal

²⁰ Although of course it would be a stretch to call the Athenian democracy deliberative in the sense deliberative democratic theory is understood today.

²¹ Although for Saward this aggregative model which is associated with atomistic individual, self-interested voting and the absence of consideration of the common good is a straw man built by

traditions respectively – whose works provided the theoretical foundations on which deliberative democratic theory was built. Habermas’ main influence was putting communication, reflection, mutual understanding, and subsequent opinion formation and transformation at the centre of democracy (Dryzek 2010, 3).²² Rawls’ work on the other hand brought deliberative democracy to the heart of liberal constitutionalism by identifying deliberative democracy as a well-ordered constitutional democracy. However, he envisioned deliberation only in matters “concerning constitutional essentials and matters of basic justice”, and not necessarily as an institutional decision making process (Rawls 1997, 771–72). As such, deliberation’s role was to bring about a constitution, which “the citizens may be reasonably expected to endorse in light of principles and ideals acceptable to their common human reason” (Rawls 2005, 137). In *Deliberative Democracy and Beyond*, Dryzek discusses the distinctions between these liberal and critical frameworks within deliberative democracy and laments what he calls the convergence of liberal constitutionalist and critical strands on mostly liberal terms. For him, this convergence blunts the critical edge of deliberative democratic theory, because while liberalism assumes that individuals are mostly motivated by self-interest before any conception of the common good, and therefore necessitates a constitution to arbitrate and negotiate between individuals’ self-interests -, a critical theory of democracy harbours a better chance to maintain communication that encourages reflection and equality in deliberative competence (Dryzek 2000, 9).²³

deliberative democrats to support their “black and white contrast to the deliberative model, with one model unambiguously good, the other bad” (Saward 2000)

²² Some, like Thomassen, go as far as claiming that deliberative democracy is the translation of the ideas developed in the *Theory of Communicative Action* (1984, 1987) and *Discourse Ethics* (1990) into the domain of politics (Thomassen 2010, 112).

²³ In *Deliberative Democracy and Beyond*, Chapter 1, Dryzek discusses at great length the limits of liberal constitutionalism as well as the dangers this convergence poses for deliberative democratic ideals (See Dryzek 2000, chap. 1). It is not within the scope of this chapter to provide an analysis of the differences between the more liberal and critical conceptualisations of deliberative democratic theory. However, I will return to a related discussion in the second section of this chapter, where I talk

Informed by Dryzek's critique and Critical Theory's concern with the emancipation of individuals – in this case as it applies to people with disabilities – in the pages below I follow a critical genealogy of deliberative democracy that is informed by Habermas' thinking and in particular his theory of communicative action (Habermas 1984). This critical strand not only influenced deliberative theorists directly or indirectly, but also provides the most comprehensive account of the theory's very *raison d'être*. This *raison d'être* can be summarized as a rejection of instrumental rationality as well as rational choice theorists' aggregative views of democracy.²⁴ Instead, politics should be thought of as a give and take of public reasoning between citizens – a give and take in which the aim is not securing the maximum benefit for oneself, but reaching a collective decision whereby each benefits to her satisfaction (Parkinson 2006). This is not an attempt to be taken lightly, yet this is precisely the attraction of deliberative democratic theory. It promises to go beyond the limits of self-interested liberalism that can at best hope to arrive at a compromise between citizens to “recapture the stronger democratic ideal that government should embody the will of the people formed through the public reasoning of citizens” (Bohman 1998, 401).

Perhaps partly reflecting the domination of the more liberal conceptualisations among other reasons, Habermas and his discursive standards have all but completely disappeared from recent works and discussions on deliberative democracy. Here I will revisit two Habermasian concepts, the ideal speech situation and validity claims, which on one hand provide a theoretical basis for the practice of deliberation and on the other hand give us a measuring tool against which we can evaluate good deliberation, and consequently a good deliberative decision-making process. As I

about liberalism's construction of the deliberative citizen, how this construction relates to the needs of people with disabilities so far as their inclusion in deliberative decision making processes is concerned, and how care instead of liberal ethics can provide a better framework for inclusion

²⁴ Instrumental rationality is adopting suitable means to one's ends and as such is closely linked to the idea of self-interest (Kolodny and Brunero 2016).

have mentioned in the introduction, the relevance of these two concepts for this work will become clearer when in the next chapters the focus turns on deliberative sites and opinion formation.

Ideal speech situation describes the perfect communication scenario where it is possible for the interlocutors to reach a universal, unconstrained consensus. Following the critical tradition, for Habermas the public sphere is contaminated by the universalisation of instrumental rationality, which in turn stifles the space for democratic decision making processes and overpowers it by technical and administrative imperatives (Habermas 1984; 1992; Villa 1992, 713). While the public sphere is characterised by communicative distortions, coercion as well as asymmetry of voice and power, communication can reach mutual and rational understanding under certain conditions described by Habermas as the ideal speech situation. Habermas calls a speech situation ideal “if communication is impeded neither by external contingent forces or more importantly by constraints arising from the structure of communication itself” (Habermas 2003, 97). The unforced force of the better argument is the only acceptable constraint here. The ideal speech situation is characterised by a symmetrical distribution of the opportunities for all possible participants to choose and perform speech acts, which also makes dialogue roles universally interchangeable and gives the interlocutors equal opportunities to deliberate. When all participants in dialogue have the same opportunity to initiate communication, to continue it through speaking, ask questions, respond to questions, put forth interpretations, assertions, explanations or justifications, and to establish or refute their claims to validity, a basis for opinion formation and transformation can be reached in which “no prejudice or unexamined belief will remain from thematization and critique in the long run” (Habermas 2003, 98).

The ideal speech situation requires that interlocutors communicate within the rational boundaries provided by four validity claims, which according to Habermas are raised by anyone acting communicatively. He identifies the four claims as:

The speaker must choose an intelligible expression so that the speaker and hearer can *comprehend one another*. The speaker must have the intention of communicating a true proposition so that the hearer can *share the knowledge* of the speaker. The speaker must want to express her intentions *truthfully* so that the hearer can find the utterance of the speaker credible (can trust her). Finally, the speaker must choose an utterance that is right with respect to prevailing norms and values so that the hearer can accept the utterance, and both speaker and hearer can, in the utterance, thereby *agree with one another* with respect to a recognised normative background (Habermas 2000, 22; *italics in the original text*).

The ideal speech situation is a significant notion for the scholars and practitioners of deliberative democracy because it provides the blueprint for the ideal deliberative site: interlocutors who are equal, free from domination, prejudice and self-deception, outside distortions and strategic interaction engage in free and open communication with a desire to understand each other and arrive at a mutually agreeable decision. In this site everyone has equal access to relevant information, and everyone is open to the prospect of the transformation of their opinions in and as a result of the process of deliberation. While Habermas' account of communication in the construct of the ideal speech situation may be seen as a naïve and impossibly demanding account of communication, what is important for deliberative democrats to take home from this notion is that it acts as a regulative ideal to what perfect communication looks like.²⁵ It is an ideal to approximate in deliberative practice. Therefore Estlund, while favouring the idea of an ideal speech situation as a “potent tool” in normative democratic theory, concedes that “its role is mainly as a template to lay

²⁵ For some of the critiques of ideal speech theory see Schrag 2003, 61; Elster 2016, 148–57; Ingram, 1982, 158. For a defence of the use of ideal speech theory as a “historically grounded criteria of openness, impartiality and rationality” in the context of a single deliberative event, see Kemp 1987, 177 – 201.

over actual deliberations in order to identify deviations” (Estlund 2006, 90). Indeed, Habermas himself admits that “this construction is meant to demonstrate that we are indeed capable of anticipating an ideal speech situation, which a competent speaker must be able to do if she wants to participate in discourse” (Habermas 2003, 179, n. 11). Again, “we assume in every conversation that we can reach a mutual understanding” (Habermas 2003, 97). Similarly, the deliberative democrat assumes that while distortions will be inevitable in deliberative sites, the interlocutors will come to the site mutually presupposing something like an ideal speech situation.²⁶

Informed by and built on these theories of communication and legitimacy, the main concern and expectation of the first generation of deliberative democracy was that egalitarian, open minded, reason-centred and consequential deliberation should produce a variety of positive outcomes which enhance democracy and citizen participation. Deliberation was expected to contribute to the justice of decisions by giving everyone a chance to express their interests and arguments, contribute to the efficiency of decisions by collecting and filtering information which will in turn raise the quality of political decisions as they become more considered and informed by relevant reasons and evidence, contribute to public support for decisions by institutionalizing fair and public procedures; and protect against complacency and despotism by promoting a lively public sphere. It was expected to help citizens to be more active and engage more in civic affairs, increase their tolerance for opposing points of view, improve their understanding of their own preferences and help them justify their preferences with better arguments. It was hoped that people's recognition of their autonomy would also increase as a result of leaving win - lose power struggles behind, and faith in the democratic process would be enhanced as citizens are empowered and convinced that their government truly are “of the

²⁶ It is important to clarify that while Habermas’ earlier construction of the ideal speech situation presented it as an ideal to be approximated, in his later works he abandoned this emphasis and described it purely as an assumption that an interlocutor has when entering discourse (Cf. Habermas and Thompson 1982, 261f and Habermas 1993, 163f).

people” (Barber 1984; J. Bohman 1998; Chambers 2003; J. Fishkin 1997; Gutmann and Thompson 1996; M. Neblo 2005; Pearce 1997).

The Second Generation: The Empirical Turn

The second generation of deliberative democrats focussed particularly on the application and suitability of the normative ideals to complex situations, societies and democracies in which deliberative experiments had already started. This period witnessed deliberative democratic theory move beyond its normative confines and become a working theory, as various initiatives were designed to put it into practice as well as evaluate institutions based on a medium of deliberation (Bachtiger et al. 2010; Ryfe 2002). It was also in this period that the early applications of deliberative theory, ranging from deliberative polling to mini-publics, citizen parliaments and more recently online communities, led to the realisation that a gap existed between purely normative conceptualisations of democracy and their factual base (Bohman 1996, 15). Deliberative democratic theory’s ideals did not successfully match the facts on the ground, and the gap between the theory and practice had to be bridged.

The problems that were encountered in the practice of deliberative experiments lead the second generation scholars to challenge the rigidity of the earlier deliberative theory in favour of a more generous understanding of deliberation. Dryzek 2007, for example, suggests that the real world practices and possibilities can be expected to diverge from the ideal to some degree, exhibiting the limitations of the ideal theory. Once they are identified – not necessarily as deviations to be mourned but as limitations to be circumvented – the theorist’s or the practitioner’s task is to decide what should be done about them. This in turn helped broaden and reframe, or even reform deliberative theory's earlier principles, which on one hand sharpened the critical edge of deliberative democracy, and on the other hand made it more accommodating of the plurality and diversity of contemporary democracies –

admittedly almost exclusively in liberal contexts (Elstub, Ercan, and Mendonça 2016, 142; Elstub 2010). Problems that were raised and challenged in this period can be grouped under four headings: participation, rationality, language and equality.

Participation. Deliberative democracy can assume no more than that individuals simply have the disposition and capacity to deliberate although it is silent on who exactly is to deliberate, where, when, and how (Dryzek 2007, 238). Its limitations regarding participation become apparent when we turn to its practice and attempt to think about ways to make it more inclusive (Goodin 2012, 127f). Two major problems come to the fore. First, the procedural demands of deliberation might scare the citizens away and prevent the presence, voice or representation of all relevant parties in a deliberative site. Research suggests that public participation goes up when the material and symbolic costs of participation are lowered and its benefits are increased for the individual (Gastil et al. 2012, 44). Therefore deliberative sites should rely on far more than an open door and self-selection policy which usually results in participation that is skewed in favour of those with higher economic status and better education. Second, imagining that citizens do join in deliberation, there is no explanation as to why those who have not been part of deliberation confer any authority and legitimacy on the decisions reached as a result of the deliberation of some, emphasizing once again the need for wider participation (Parkinson 2006, 2).

Rationality. Deliberative theorists explicitly assume individuals to have the basic cognitive capacity to argue with reasons, to be aware of criteria for justification, to understand rules of evidence, to follow the rules of inference and deduction and to reflect on their own presuppositions, and do all this within the boundaries of what they define as rationality (Rosenberg 2007, 6; 2014). Participants are expected to put their arguments in language that is understandable and persuasive to the largest array of people. The obvious result is that deliberative processes disadvantage those who speak less well, or who speak in ways that are devalued by the dominant

culture, thereby disadvantaging minorities and their agendas and exacerbating inequality (Walsh 2007, 49) . Moreover, arguing that democratic discussions should be rational, moderate and calm implicitly excludes public talk that impassioned, emotional or extreme, which, for Sanders to name one, is one of the indictments of the democratic appeal of deliberation (Sanders 1997, 358).

Deliberation also implicitly or explicitly excludes the positive role of the emotions in deliberation. Deliberation in its ideal sense can serve to dichotomise reason and emotion and single out emotion as unnecessary or even dubious. Mansbridge et al point to the fact that emotions always include some form of appraisal and evaluation, and reason itself needs at least an emotional commitment to the process of reasoning (Mansbridge et al. 2006, 6). Nussbaum also gives emotions a positive role in deliberation, especially emphasizing compassion as an essential element of good reasoning in matters of public concern (Nussbaum 2006). Other emotions such as solidarity or even anger can play equally important roles.

Language. Disadvantaged groups are also disadvantaged when it comes to language. Language does not simply mirror or picture the world as it is, nor should it be seen as a neutral medium for communication. Instead it profoundly shapes our view of the world. Language competency on the other hand is a skill, which is unevenly distributed (Kohn 2000, 5). The biased nature of language and its relationship with power is especially relevant in a discussion on deliberation (Mendelberg 2002, 16). The language people use as they reason together will usually betray their background, worldview and even social class, favouring one way of seeing things and discouraging others.

Equality. Deliberative theory is built on the twin principles of formal equalisation of access and equal opportunity to articulate persuasive arguments. However deliberation in the real world is susceptible to power games and imbalances, inequalities of information and

expertise. Shapiro, for example, claims that the emphasis of deliberative theorists does not adequately attend to the degree to which moral disagreements in politics are shaped by differences of interest and power (Shapiro, 1999, 29). It can well be used strategically in order to dominate (Neblo 2005, 5). When citizens deliberate with elites, for example in public hearings or advisory committees, such inequalities of information and expertise come into play in an even more pronounced fashion. And it must be admitted that some will always have more access to information and to the resources needed to form informed ideas than others.

Economically and educationally disadvantaged citizens are usually also disadvantaged when it comes to access to relevant information. The problems that the disadvantaged people face are often multiple and interconnected – poverty, criminality, addiction and intellectual incompetency usually coexist in a cycle of deprivation and intensify the problem of access and inequality (Barnes, M., 2001). Not only the imbalance of information or power, but also the perception of one as more able to deliberate than the other will exacerbate inequality. Among the most important determinants of individuals' influence over the group's decision-making process is others' perception of the person as more expert or competent in the task at hand (Mendelberg 2002, 9; Davies and Burgess 2004).

These problems lead both the critics and the exponents of deliberative democracy to various improvisations in order to make it more acceptable and applicable as an emancipatory project. For Sanders, for instance, if democratic deliberation requires equality in both resources and the guarantee of equal opportunity to deliberate, structural or economic steps must be taken so that all citizens indeed have the resources, time, money, education, and skill at arguing with confidence (Sanders 1997). That in turn requires democratic deliberation not to be regarded as an isolated, one-off novelty. On the contrary, its shortcomings regarding equality should be situated in the wider and multi-faceted context of the question of equality in general. In this

context, Cohen and Rogers had long argued that one of the preconditions for free and unconstrained deliberation is the absence of material deprivation and urged the elimination of gross material inequities. Free public education and state-financed child care were some of the concrete steps they suggested for a deliberative context to thrive (Cohen and Rogers 1983).

For others like Fung, one way of alleviating the problem of equal voice and will and therefore moving individuals from silence to self-expression is to construct the public sphere in such a way that those without voice and will find and form it (Fung 2007, 163). And this can only be done by opening deliberation to ways of communication the early theory has distanced itself from (Walsh 2007, 45). In this context, Young also argued that the process of deliberation should be opened up to participants disadvantaged by traditional elite understandings of reason-giving by adding the elements of greeting (that communicates mutual acknowledgment and caring), rhetoric (various and relevant forms of speech that appeal to the specific situations of interlocutors in a given deliberative setting) and storytelling (communicating long-held traditions and values alongside opinions) (Young 1996; Mansbridge et al. 2006, 6). Levine observes that these and similar alternative forms of communication, including protests, strikes, non-violent resistance, street performances or media campaigns can be more effective and satisfying than deliberation especially for those whose voices are not heard otherwise (Levine and Nierras 2007, 15).

The Third Generation: Deliberative Systems

The concern to apply deliberative ideals to increasingly more political spaces led deliberative democrats not only to improvise and extend their conceptualisations of deliberative practices, but also ask how political institutions can be designed to render them more responsive to deliberative democratic ideals. However their focus was still mostly confined to single sites and

events (Elstub, Ercan, and Mendonça 2016, 139). While the focus on structure and process is legitimate and also necessary, it also betrays the blind-spot of a great majority of the deliberative theory agenda of the first two generations of deliberative democracy. So far we have seen the deliberative event mainly as a temporary practice, many times nothing more than a civic engagement experiment, exercised within the confines of a single issue and over a limited and usually short period of time (Gastil et al. 2012, 24). It has yet to be taken out of the confines of institutions and taken beyond mini-publics and similar design novelties.

This is precisely what the advocates of a systemic turn in deliberative theory argue. A systemic approach to deliberative democracy focusses on whole systems, of which single deliberative forums are one part (Dryzek 2010, 7). Single deliberative forums can be useful in both reaching their declared goals and providing a laboratory for researchers. However as isolated instances they cannot give researchers more than a snapshot of any given deliberation in its own unique context. A deliberative system, on the other hand, describes deliberative practices that take place in “multiple, diverse, yet partly overlapping spaces” and underscores the interconnectedness of these spaces (Elstub et al 2016, 139).

In democracies politics and political activity extend to a variety of institutions, associations and various sites and forms of contestation. Contributions to debate and deliberation in the public sphere can come from informal networks, the media, advocacy groups, social movements, schools, religious bodies, foundations, private and non-profit organisations, legislatures, election campaigns, courts and even rallies and protests. These conversations can be carried on across time and space, “the threads of which are picked up by people at different times, in different places and with different interlocutors” (Parkinson 2006, 6). Each of these actors will play a different role; will have their own “deliberative moments” as members of the system (Goodin 2012, 6).

Elstub et al sum up the deliberative systems approach in three core notions: an attempt to consider deliberative democracy as a mass scale practice, acknowledging the division of labour within a deliberative system and allowing deliberation to exist on a “continuum of criteria” rather than a single prescribed exercise (Elstub et al 2016, 143). Therefore, to see the picture in its entirety, a systemic approach requires a recognition and inclusion of all political, representative and decision making structures and political talk. Reasoning together is still seen as foundational, but it is based on a dispersed narration and opinion generation. Indeed, at any one moment, people will be engaged in “many threads which change and interact over time” (Parkinson and Mansbridge 2012, 6). However all deliberation will still serve a function toward a larger goal within a larger whole.

Dryzek suggests understanding a deliberative system as being composed of a number of elements and processes (Dryzek 2009, 1385). He makes a distinction between the public space and the empowered space, which roughly corresponds with Habermas' two tiered public sphere (Habermas 1996).²⁷ The public space is the broad realm of "free ranging and wide ranging communication, with no barriers limiting who can communicate, and few legal restrictions on what they can say" (Dryzek 2009, 1386). This is the realm of the informal networks, media, and a vast array of organisations some of which have been mentioned above. The empowered space, however, is the realm of institutions and collective decision making. Legislatures, councils or committees are some of the empowered spaces Dryzek mentions (Dryzek 2009, 1386).

The relationship between the public and the empowered space is explained by the process of transmission, which is the means through which the public space influences the empowered space. This influence might be asserted through a variety of means: rhetoric and arguments, mobilisation of stakeholders, political campaigns or even the personal links between actors in

²⁷ For the two-tiered public sphere see Habermas 1996, chap. 8, especially p. 373-4

these two types of spaces. While transmission focuses on the interaction between the two types of deliberative spaces, Dryzek's fourth element, decisiveness, indicates the consequentiality of the interaction between the two types of deliberative spaces – i.e. whether the decisions taken in the empowered space reflect what is transmitted from the public space. Finally, accountability is the means through which the empowered space is accountable to public space - i.e. whether there is a mechanism through which the decisions taken in the empowered space are justified to the broader public.

Focusing on various sites of deliberations as parts of a larger system and acknowledging their contextual differences would require a differentiation of the standards, modes and levels of deliberation based upon the distinct properties of each site. To give one example, Parkinson thinks while rhetoric might be an appropriate and acceptable means of communication for activists (perhaps during their campaigns), it will not be an acceptable way of deliberation in other places (for example the court room) (Parkinson 2006, 172). This variety of contexts then requires a loosening of the demands regarding what counts as deliberation depending on the location of deliberation and the characteristics of the deliberators. We can then be able to ask both empirical and normative questions about the relationship between these various sites and their place in the functioning of the system as a whole (Parkinson and Mansbridge 2012, 12).

The systemic approach allows us to think about deliberative democracy in a more holistic way and in large scale political and societal terms. The scope of research and analysis – which for so long has been limited to one-off experiments or an aggregation of them – can be extended beyond the individual site to see the deliberations that develop among and between the sites over time. It also allows us to recognise the role each part plays in the greater whole, as well as their unique strengths and weaknesses. Together with an awareness of and even an emphasis on the context, this dialogue helps the development of

a more informed deliberative democracy. In this sense and as I have already mentioned above, issues that are encountered regarding the participation of the voiceless in one deliberative site or context can inform and shape other contexts. One single micro site therefore becomes instrumental in addressing and analysing the larger issues and broader systematic inadequacies, shaping the possibilities of effective and inclusive deliberation (Parkinson and Mansbridge 2012, 14).

With the advantage of two decades of deliberative experiments and some – if limited – empirical evidence behind us, we have enough reasons to believe that deliberative processes can indeed produce positive outcomes with the participation of average citizens (Bachtiger, Spordli, Steenbergen, & Steiner, 2007; Fung, 2007). As a result of the ongoing discussion between theory and practice, deliberative democrats have indeed taken on board most of the critique regarding deliberation's restricting characteristics. Meanwhile deliberative practices have proliferated across the world. However little has been done to move beyond unchecked assumptions regarding the nature of deliberators – the citizens – and their deliberative competencies, resulting in the continuation of the persistent exclusion of people with disabilities from deliberative sites and decision making processes. In the next section I survey a number of deliberative events to show how deliberative events reflect the theory's exclusionary assumptions.

Exclusion in Practice

While efforts and discussions to make deliberative events more inclusive and representative of society abound, the resulting solutions and innovations have not gone far enough to accommodate people with disabilities in deliberative sites. In fact, deliberative democrats hardly ever mention people with disabilities as a section of society that need to be considered in discussions on inclusion. Surveying a number of deliberative events mentioned

and celebrated widely in the literature provides insights to the extent of this omission and shows how exclusion works in practice in liberal contexts.

Manchester 1994: The first deliberative poll in the world

The world's first deliberative poll was conducted in Manchester in 1994 to discuss and develop policy proposals on crime.²⁸ Fishkin, who led the team that conducted the poll, describes what he calls "the basic formula" of the event as follows:

"Select a national probability sample of the citizen voting age population and question them about some policy domain(s). Send them balanced, accessible briefing materials to help inform them and get them thinking more seriously about the same subject(s). Transport them to a single site, where they can spend several days grappling with the issues, discussing them with one another in randomly assigned, moderated small groups and putting questions generated by the small group discussions to carefully balanced panels of policy experts and political leaders. At the end, question the participants again, using the same instruments as at the beginning" (Luskin, Fishkin, and Jowell 2002)

The event was filmed by Channel 4. The presenter reminded the audience that since they had only two days to deliberate, they were going to have to work hard. They were "going to be cooped up with three hundred strangers for a weekend, and bombarded with new information" (Channel 4 2006). This was clearly going to be a mentally demanding event. In his opening speech Fishkin described the crowd gathered in the studio as "a microcosm of entire citizenry brought together to a single place" (Channel 4 2006). A quick scan of the room, however, makes it clear that people with disabilities did not belong to this microcosm. The part of the event where experts were quizzed took place in the studio, which was built as an auditorium with inaccessible seats. If there were wheelchair users in the crowd, they would

²⁸ Deliberative polls combine techniques of public opinion research and public deliberation to model what the public would think if citizens were more informed to consider the options on a particular issue (Fishkin 1993).

have to be seated in the very front, at the bottom of the steps. However there were no wheelchair users in the room at least while the cameras were on.²⁹

Instead the event reproduced every demand and assumption of deliberative democratic practice regarding an able-bodied composition of citizenry. Interlocutors were expected to read and understand printed briefing materials before the event and volunteer to deliberate. They were transferred to the deliberative site by coach from forty different constituencies across the country (meaning long coach journeys), and had intense discussions that took over three hours, in a small space. They received briefings from experts and were shown videos on the big screen (no mention of translation to sign language or subtitles). They had to have a certain level of confidence to quiz experts, among them prominent politicians, including the then shadow Home Secretary Tony Blair. Besides the apparent absence of disability from visual records of the event, there is no indication of disability accessibility or indeed mention of disabled participants in any of the many articles and reports written by Fishkin on the event (See, for example, Fishkin 1994; 1997; 2011; Luskin, Fishkin, and Jowell 2002). In terms of inclusivity and an effort to bring together a representative sample of citizenry, the sociodemographic variables that were taken into consideration were region and urbanness of residence, sex, race, marital status, family composition, occupation and education, media usage, party affiliation and experiences with crime (Luskin, Fishkin, and Jowell 2002, 464). The absence of the disabled from deliberation on crime policy was especially striking in light of the hate crimes that people with disabilities face in their daily lives, which makes them stakeholders in this policy issue perhaps more than many other sections of society.³⁰

²⁹ Admittedly, the other part of the event, small group discussions, could have taken place in accessible rooms when the cameras were switched off.

³⁰ Disability hate crime is defined by the Association of Chief Police Officers (UK) and Crown Prosecution Service as “any criminal offence which is perceived, by the victim or any other person, to

Listening to the City, New York, July 2002

In 2002 *AmericaSpeaks*, a non-profit organisation, designed a series of deliberative events in New York about the redevelopment of the World Trade Centre site after its destruction.

The deliberative meetings, dubbed by the organisation a *21st Century Town Meeting*, aimed to ensure that “all voices were at the table”, including the general public and key stakeholders (Lukensmeyer and Brigham 2002). Working with local organisations and leaders, *AmericaSpeaks* brought together over four thousand interlocutors by targeting diverse communities across the city. When deliberation day came, the room “looked much like a microcosm of the New York region” (Lukensmeyer and Brigham 2002). The participants were asked to fill in a questionnaire before the meetings started. We do not know whether they were asked any questions regarding disability – or in the recruitment process – however based on the questionnaire results, what made them a microcosm was their diversity in terms of gender, age, race, geographical location and household income.

The report written by *AmericaSpeaks* founder Lukensmeyer and Brigham leave many questions about the recruitment, presence and deliberation of people with physical and cognitive disabilities unanswered. We know – by inference, because it is conspicuously absent – that disability was not a targeted characteristic during the recruitment process. Were people with physical or cognitive disabilities present in the room? The event relied heavily on in-depth discussion in small groups of ten to twelve, using electronic flipcharts, electronic keypads and large video screens that projected data and information to the interlocutors. Issue experts were available to answer participants’ questions – these are all cognitively demanding activities. Did the printed information have easy-read versions? Were sign language translators available, for example during the experts’ talks? Were the technologies used – computers, large screens, electronic keypads etc. disability friendly?

be motivated by a hostility or prejudice based on a person's disability or perceived disability” (Crown Prosecution Service 2016).

Did people who had diverse speaking or listening abilities have the chance to voice their opinion and were they given additional time to understand others' opinions? We do not know. In this microcosm, there was no mention of different physical or cognitive abilities – except, ironically, in New York Daily News columnist Pete Hamill's report: "We came to the vast hangar ... expecting the worst. Put 5,000 New Yorkers in a room, charge them with planning a hunk of the New York future, and the result would be a *lunatic asylum*... None of that happened" (Lukensmeyer and Brigham 2002, 365). We know instead that the meeting was orderly.

British Columbia Citizens Assembly, 2004

The British Columbia Citizens' Assembly on electoral reform was convened in 2004 and tasked with examining the electoral system of the province. Its 160 interlocutors were chosen based on proportional representation that took into account three criteria: gender, age and geographical (electoral) district. This number represents 7% of the citizens who were initially randomly selected to participate. The other 93% chose not to participate (Snider 2008, 3). After the selection process experts lectured the participants on electoral models. Small group discussions facilitated by political science graduate students followed the lectures. Written materials were provided to participants during this initial learning phase. After the learning phase, participants hosted hearings to listen to the public's opinions on electoral reform. The process was completed with the deliberation phase, which was then followed by voting (James 2008). Web forums were also activated during the deliberation phase to enable the wider participation of the public in discussions.

Demographic characteristics of the Citizens' Assembly, collected via questionnaires which were distributed in the initial meetings, account for age, birthplace, visible minority status (race), education and occupational skill groups (James 2008, 112). Similar to the deliberative events mentioned above, physical or cognitive disability is not taken into

account as a relevant characteristic. In fact, people with disabilities are mentioned only once by Pearse in the volume on the British Columbia Citizens' Assembly, edited by Warren and Pearse (2008). While describing the uses of the web forums, Pearse suggests that the forums allowed members "who were prevented from expressing themselves as eloquently as they desired by a physical disability to present their views using an alternative medium of communication" (Pearse 2008).

This segregating approach to physical disability displays another way in which deliberative democratic practice denies voice to the disabled in deliberative spaces. We could ask further questions regarding the selection process. Did the organisers wonder why the 93% did not want to participate in deliberation? Could they have been scared of the demands of this deliberative event from citizens? How many of them, if at all, declined participation due to some form of disability? We do not know the answers, because the organisers never asked. There is no mention of people with cognitive disabilities in the selection or the deliberation process. However considering the demanding nature of lectures on politics and small group discussions facilitated by political scientists, and informed by the attitude towards physical disability exemplified above, we can attribute the silence on people with cognitive disabilities to their absence in the Citizens' Assembly.

Australian Citizens Parliament February 2009

The Australian Citizens Parliament (ACP) was a three day deliberation event that took place in Canberra in February 2009. The participants were tasked with finding an answer to how Australia's political system could be strengthened to serve the citizens better. The 150 deliberators, one from each electorate, were selected from the electoral roll using random stratified sampling. The stratification took into consideration three demographic

characteristics: age, gender and education. ACP meetings followed the format of 21st Century Town Meetings organised by *AmericaSpeaks* (Dryzek 2009).

Because no additional demographic is provided other than the three mentioned above, we do not know whether or how many people with physical or cognitive disabilities were present during deliberations. However Dryzek reflects on the physically and cognitively demanding nature of the deliberative process: “there was plenty [of preparations] to do leading up to the main event”, “the citizens worked really hard over four days” and “we also demanded a lot of them for research purposes” (Dryzek 2009, 2). While we do not have access to information about the presence of people with disabilities on site, information can be inferred from the forty three page handbook distributed to facilitators by the New Democracy Foundation, one of the co-organisers of the event (New Democracy Foundation 2008). The handbook gives detailed directions, tasks and tips to lead facilitators, table facilitators and scribes. Ground rules on discussions and very detailed guidance on how to break the ice, how to help people talk, how to manage those who talk too much etc. are provided. However there is no mention of disability or any guidance on potential special accommodations during deliberation for people with disabilities. Again, there is no hint of existence of sign language translators, subtitles for visual guides or easy read versions of documents. We are left, once again, to attribute this silence to the absence of people with disabilities from another celebrated deliberative event. Once again, deliberative democratic theory’s exclusionary assumptions are reproduced in its practice.

All four cases illustrate that while deliberative democrats are not unaware of the importance of a deliberative site that is representative of the citizenry, the citizenry that they imagine does not include people with disabilities. Attempts at inclusive and representative deliberation often do not go further than random or stratified samples of the population. Giving each citizen an equal

chance of being selected to participate is deemed to be enough for a demographically diverse deliberative site (Hendriks 2011, 96). For Smith, random selection ensures that no citizen or social group from the given population is systematically excluded from participation in deliberation. He warns about the importance of ensuring all relevant social groups are included. However he concludes that when participation needs to be restricted due to the size of the population, random selection is “a fair mechanism to distribute this ineradicable inequality” (Smith 2009, 80).³¹ Parkinson’s reminder is in the same vein. For him, failure in selecting people on all the salient criteria and as a result excluding important views compromises the deliberative process (Parkinson 2006, 76). Finally, Elstub contends that “sortition promotes justice in the Rawlsian sense, as it is compatible with the difference principle, because it seems that those who are worse off in society are more likely to be able to participate through random sampling than through any other process” (Elstub 2014, 175). The problem that permeates these discussions, however, is not that deliberative democrats are unaware of the need to include all or relevant sections of society. The problem is that this public that they conceive of does not have any members whose disabilities prevent them from deliberation as equals. In the next section, I take a closer look at deliberative democrats’ conceptualisation of the deliberative site and its citizens.

II. The Deliberative Citizen: A New Orientation

The Liberal Deliberative Citizen

Although much work has been done on the various macro and micro aspects of deliberative democracy - definition and boundaries of deliberation, deliberative procedures and processes, the quality of deliberation, the deliberative capacity of institutions and so on - deliberative democrats have mostly ignored questions around the people who do the deliberating. Studies on the deliberators have focused on who wants to deliberate (Neblet et al. 2010), what kind of

³¹ The relevant population is typically related to the political boundary of the public authority. See Smith 2009, 80.

people take part in deliberation (Jacobs, Cook, and Carpini 2009), the quality of deliberation (Steenbergen et al. 2003), the civic impact of deliberation (Mendelberg and Karpowitz 2007; Grönlund, Setälä, and Herne 2010) and the impact of deliberation on the participants' views (Luskin, Fishkin, and Jowell 2002). However research on the characteristics, especially the deliberative capacities and competencies of deliberative citizens have been scarce to date.³²

While they acknowledge deliberative democracy's cognitive burden and moral demands, they almost always seek the alleviation of this burden in solutions that are exogenous to the individual – easing the procedural demands of deliberation, extending the boundaries of what counts as deliberation, levelling the deliberative ground to alleviate power and status imbalances, eliminating outside interferences, accepting the use of different ways of communication and so on. Yet they still take for granted deliberative citizen's deliberative and communicative capacities and treat them as a foundational assumption.³³ To reiterate, the deliberative citizen is an individual who has at least average physical and cognitive capacities to reason and communicate, to argue with reasons, to be aware of criteria for justification, to understand rules of evidence, to follow the rules of inference and deduction and to reflect on their own presuppositions. Using Kemp's definition of communicative competence, she is "able to use speech acts to produce an interpersonal relationship between the listener and themselves" (Kemp 1987). Besides, she is willing to respectfully communicate and cooperate with other individuals, with whom she shares the public sphere.

³² Among the few exceptions are Somin 1998; Carpini 1997; Posner 2005. However these treatments still leave the question of disability outside their scope and focus on citizens' lack of knowledge in light of the immense size and scope of modern governments.

³³ Perhaps another indication that the topic is understudied can be found in the ambiguity of the terminology on competence. Citizen competence (i.e. the deliberative citizen), deliberative capacity, deliberative competence and communicative competence are used interchangeably, conflating the possible nuances between what each term might highlight. Moreover, different authors use the same term differently. For example while Dryzek's definition of deliberative capacity focusses on the capacity of the structures of a political system to host authentic, inclusive and consequential deliberation, Rosenberg's definition of deliberative capacity focusses on individual capacities of the citizens such as rationality and reasonableness (Dryzek 2009; Rosenberg 2005)

The handful of deliberative democrats who problematize deliberative democracy's cognitive or moral demands seem to take the *education* of deliberating citizens as the natural solution to alleviate these burdens. Kahane et al, for example, treat deliberation's moral demands from citizens (in particular the citizens' need to replace self-interest with willingness to exchange reasons and accept the better argument) under the title of "educating deliberative citizens" in their edited volume. Their collection of chapters make a case for instilling deliberative traits such as reciprocity, reflexivity and open-mindedness in schoolchildren from young age through education (Kahane et al. 2010). For Lupia, communicative competence can be achieved by employing the appropriate "competence-generating mechanism" which again educates deliberators for similar qualities (Lupia 2002). Griffin devotes a whole article to discuss the educational techniques that could accelerate the development of citizens' necessary capacities (Griffin 2011). Neblo again treats competence as primarily an informational problem that mainly concerns the deliberator's political knowledge (Neblo 2015, 152 - 190).³⁴ Their proposed solutions, therefore, seek to develop a certain capacity or attitude in the individual while leaving the assumptions about the average physical and cognitive capacities of individuals untouched.

At the heart of these assumptions lies the convergence of deliberative democratic theory with liberalism (Dryzek 2000, 78). As a result deliberative democrats follow liberalism's "felicitous but unrealistic assumptions regarding the capacities of individual citizens and their communicative competence", rendering people with disabilities invisible in theory and absent from deliberative sites in practice (Rosenberg 2014, 98). The deliberative citizen in turn is constructed – by way of omission – as an able-bodied citizen. What, then, are these unrealistic liberal assumptions about the deliberative citizen?

³⁴ Political knowledge, in turn, is described as the currency of citizenship by Delli Carpini and Keeter 1996. Neblo's discussion is mostly based on an evaluation of Converse and Zaller's respective approaches to the problem of citizen competence.

Liberal theories start from self-sufficient and independent individuals and assume their equality and autonomy. Having acknowledged deliberative democracy's Rawlsian conceptualisation before, we find in Rawls' citizens free, equal and rational individuals jointly agreeing upon and committing themselves to principles of justice in a hypothetical state of nature – the original position (Rawls 1999; Freeman 2014). These self-sufficient and independent individuals are fundamentally egocentric and primarily engaged in pursuing their self-interests. Out of their competition and fear of other individuals arise the need for compromise, and therefore a social contract (Sevenhuijsen 2004, 12). In other words, the tie that connects individuals is their mutual need for security and desire to advance their self-interests. The contract relies on the prospect of personal gain or advantage and the principles of justice are determined by imagining what these free and consenting individuals would mutually agree to endorse in order to pursue their individual and economic interests. Liberals suggest that the design of political institutions should also reflect the same model, leading to institutions that are acceptable to equal, independent and consenting individuals.

The problem with this construction of the liberal citizen is that these autonomous and equal individuals are assumed to have 'normal' physical and mental capabilities which enable them to have a clear understanding of their own needs, as well as the ability to communicate their understanding and preferences to others (Kittay 1999, 8). Rawls defines a citizen as "a normal and fully cooperating member of society over a complete life", leaving those who do not conform to the "normal" range of physical or cognitive capacities outside the original position and the contracting scenario (Rawls 2001, 233). Rawls' parties to the original position are "roughly similar in physical and mental powers" (Rawls 1999, 109). He is not however unaware of this exclusion. In his own words, "since we have assumed that persons are normal and fully cooperating members of society over a complete life, and so have the requisite capacities for assuming that role, there is the question of what is owed to those who fail to meet this condition, either

temporarily (from illness and accident) or permanently, all of which covers a variety of cases” (Rawls 2005, 21). However he chooses to postpone the answer:

“I shall assume that everyone has physical needs and psychological capacities within the normal range, so that the questions of health care and mental capacity do not arise. Besides prematurely introducing matters that may take us beyond the theory of justice, the consideration of these hard cases can distract our moral perception by leading us to think of persons distant from us whose fate arouses pity and anxiety. The first problem of justice concerns the relations among those who in the everyday course of things are full and active participants in society and directly or indirectly associated together over the whole span of their life” (Rawls 1999, 83).

When he finally comes back to the question, and that is after “normal” citizens have agreed on the principles of justice, the justice that is owed to people with physical or cognitive disabilities is a matter of legislation, allocation or distribution of resources:

“Variations that put some citizens below the line as a result of illness and accident can be dealt with, I believe, at the legislative stage when the prevalence and kinds of these misfortunes are known and the costs of treating them can be ascertained and balanced along with total government expenditure. The aim is to restore people by health care so that once again they are fully cooperating members of society” (Rawls 2005, 184).³⁵

Therefore for Rawls citizens who are “below the line” are excluded from exercising citizenship on more than one level. First of all, they are excluded from the original position. Consequently, they are excluded from the contracting scenario, as they are assumed to be incompetent to cooperate with others. Finally, at the legislative stage, they are but recipients

³⁵ Rawls’ account of the just response to disabled people is laden with negative notions and perceptions of disability, many of which I will problematise in detail in the next chapter. To mention some briefly, for Rawls disability is an illness – a completely medical problem, which distances the disabled from full and active participants of society. It is a “misfortune” – people with disabilities, therefore, are victims of bad luck. Their bad luck arouses pity and anxiety in others. The appropriate response to disability is health care provision to help the disabled become fully cooperating members of society

and passive members of society, whose misfortunes and treatment costs are a matter of government expenditure on health care.

Rawls' exclusion of people with physical or cognitive disabilities from the original position and thereby putting able-bodiedness at the core of liberalism is unsurprisingly taken to task by many. To mention a couple, Nussbaum problematizes the fact that the parties who are in the original position are the same individuals for which principles are chosen. Because these people have similar physical and mental powers and because they are fully cooperating members of society, she expects that the principles chosen in the original position will reflect and protect the interests of the able-bodied and not those who lack the abilities to participate in the original situation (Nussbaum 2006, 16; Cureton 2008, 9). For Kittay, because the notion of dependency is vital to all human experience and in particular the disability experience, justice has to account for it. Therefore dependency needs must be included not at a later legislative state, but instead in the very original position. Therefore Kittay's argument also challenges the core requirements that define membership in the original position (Kittay 1999; Hirschmann 2013, 97, 113).

From a Liberal to a Caring Orientation

The absence of disability from deliberative sites suggests that deliberative democrats have followed the liberal pattern regarding disability – even if tacitly. I maintain that this liberal orientation and the consequent conceptualisation of the deliberative citizen as an able-bodied, self-interested individual with “normal” physical and cognitive competencies is problematic for at least two reasons. First, it is not a realistic picture of citizenry – societies are made up of more than average citizens, therefore conceptualising the deliberative citizen as an individual whose competencies require full cooperation in society leaves a significant number of citizens out of the deliberative sphere.³⁶ Second, solutions in search of a more inclusive deliberation

³⁶ Citizens who are left out by this conceptualisation are not limited to those with disabilities – the elderly, the frail and many others are also potentially left out.

(e.g. extending the definitions and methods of deliberation, educating citizens for deliberation and so on) end up trying to alleviate the symptoms of the problem (i.e. the problems that the liberal orientation create), rather than its root cause (i.e. the liberal orientation itself).

While a liberal construction of the deliberative citizen leaves out those who do not fit the bill, I suggest that a construction of citizenship that is based on principles of care provides a more adequate ground for the inclusion and accommodation of people with disabilities as equal interlocutors in deliberative democracy. Replacing the liberal orientation with a caring orientation also provides wider incentives to engender mutual respect, understanding and reciprocity between citizens with varying degrees of physical, cognitive or communicative competencies when they come together for deliberation. Therefore where ideal deliberative citizenship is concerned a shift needs to be made from the orientation of a contracting citizen to the orientation of a caring one. The following paragraphs, then, imagine how a caring orientation would transform the practice of deliberative democracy and reclaim its emancipatory potential. In order to do this I first define care ethics briefly and contrast it with a liberal orientation in the context of deliberative citizenship. I then move on to explore the practical implications of a caring orientation, especially focussing on what it would mean for institutions and policies to have a caring orientation.

Definitions and Claims of a Caring Orientation

Care is a complex concept and its literature contains a good deal of diversity and ambiguity, depending on the emphasis of the authors and the area of social science in which they work. I do not intend to provide a complete summary of care ethics literature here. Rather, my goal is to lay the conceptual groundwork before I ask how a caring framework can inform and shape deliberative democracy for disability-inclusive deliberative sites and practices. With that in mind, I will follow Bubeck's definition of care, which she summarizes as "the meeting of needs of one person by

another where face-to-face interaction between the carer and cared for is a crucial element of overall activity, and where the need is of such a nature that it cannot possibly be met by the person in need herself" (Bubeck 1995, 130). This definition is significant for our purposes as it emphasizes personal interaction especially when one of the parties is vulnerable or dependent.³⁷

In contrast to liberalism, care theory begins with the individual as already situated in networks of interdependent relationships (Engster 2007, 7). These relationships arise not only from the need for survival, development and social functioning, but also from the human need to relate. Care theory challenges the liberal conception of citizenship and its institutions on at least two accounts. First, it problematizes the liberal construction of the detached, independent individual and finds the liberal perception of equality elusive. Second, it challenges the liberal emphasis on autonomy and the stigma that this emphasis creates around dependency.

Virginia Held contends that "before there could have been any self-sufficient, independent men in a hypothetical state of nature, there would have to have been mothers and the children these men would have been" (Held 1993, 195). For Held, therefore, the liberal image of the individual citizen who is abstracted from an interconnected social existence is unrealistic and deficient. Held's mothers would have had to have been good enough at the care of their children to develop the basic capabilities and social skills to engage with fellow humans and form social contracts (Engster 2007, 43; Held 1993, 195). However the care and the

³⁷ Among others, For Held care is a form of labour, but also an ideal that guides normative judgment and action (Held 2006, 36). She characterises these judgments and actions as clusters of practices and values. Tronto and Fisher's description is much broader, where they describe care as "a species activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment"(Tronto and Fisher 1990, 35). For Engster, care is "everything we do to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society" (Engster 2007, 28). Slote maintains that care is a kind of motivational attitude of empathy (Slote 2007). Sevenhuijsen similarly defines care as "styles of situated moral reasoning that involves listening and responding to others on their own terms" (Sevenhuijsen 2004, 85).

dependency that are in question are not simply a private preference limited to the parent and infant relationship. They are universal because everyone has assumed the role of receiver at some point in their lives (e.g. childhood, old age, short or long term illness etc.). Again, everyone will most probably also assume the role of providing care. The extent in which these roles are exercised will vary for each individual, but the point remains – individuals have found, and will find themselves in positions in which they need care, as well as in positions in which they are the caregivers, sometimes even simultaneously.

This picture of dependency as common human experience is clearly at odds with the classical liberal perception that vulnerability and needs are only located in a minority, those who are not fully cooperative members of society over a lifetime. The liberal norm of self-sufficiency construes dependency and the need for care as an exception - a handicap, an ailment, a burden or at best a necessary evil (Tronto 1994). Moreover, it clearly creates an unrealistic, even harmful subject ideal, because as Sevenhuijsen notes, it encourages citizens to look for needs and problems in others rather than in themselves in the exercise of their citizenship (Sevenhuijsen 2004, 28). It creates a rift between the independent and dependent, the able and the un-able as exemplified in the earlier construction of the original position, whereby the independent, able and therefore powerful individual does not share the same space with different and mostly objectified others (who are in need of medical intervention too, if they are disabled) (Tronto 1994; Young 2011[1990]).

The claim of care theorists is that a framework of care is better equipped than a liberal framework to deal with power imbalances and dependencies that imbue all relations. I have already mentioned above that dependent individuals are excluded from the original position and therefore denied a voice in the contracting scenario. While their interests are postponed by Rawls till after the social contract, their well-being and preferences can be voiced in proxy by those who are able to contract – to the extent that those who can be party to the contract

care about them. It is true that a Rawlsian contract would allow for the possibility that representatives may imagine themselves as dependents, however this allowance does not necessitate that a representative will do that. Moreover, liberal theory does not explain why any of the contracting parties should care about people with disabilities especially when there is no gain for them, no advantage to them to do so.

The perspective of care, on the other hand, proposes a different set of assumptions, where individuals are always understood to be in a condition of interdependence. It fully recognizes caring and dependency as a basic matter of justice (Fraser and Gordon 1994; Kittay 1999; Young 2002). The problem the care ethicists see in the assumptions of liberalism is not that they are flawed. They are simply too limited to account for those who lead vulnerable, dependent lives. In the care framework the individual is in a state of engagement – both social and moral – and the liberals' starting point of moral indifference and calculated self-interest is countered with non-contractual recognition and reciprocity. Some obligations are simply unchosen regardless of mutual advantage and by virtue of human interdependency (Engster 2007, 7; Held 1995, 17). When caring and interdependent citizens become aware of inequality in general and the needs of the dependent others in particular, they are moved to look for means to achieve equality and to meet the needs of their fellow citizens. For Goodin, it is the vulnerability of the dependent individuals to our actions and choices that creates a moral obligation to respond. This is not a negative obligation to simply refrain from exacerbating inequalities and causing them harm, but a positive obligation to meet their needs when we are in a position to do so (Goodin 1986, 110–11). To put this framework in context, Kittay suggests a new, complementary principle for Rawls' theory of justice: "To each according to his or her need, from each to his or her capacity for care, and such support from social institutions as to make available resources and opportunities to those providing care" (Kittay 1999, 113).

Within this framework, there seems to be overall agreement about the necessary qualities (or virtues, as some prefer to call it) of a caring disposition (Noddings 2003; Tronto 1994).

Three qualities are often mentioned: attentiveness, responsiveness and respect. Attentiveness means noticing when another person is in need and being prepared to respond appropriately (Blum 2010, 30–61; Engster 2007, 28). Caring begins with the recognition that others need our attention and commitment (Sevenhuijsen 2004, 20). However a distinction needs to be made here. Attention in this sense is attending to the needs of particular others in actual contexts. It is not an exercise – like the Rawlsian exercise – that aims to arrive at a fair decision by asking how the abstract individual in this situation would want to be treated. Therefore the knowledge that forms the basis of a possible response comes directly from engagement with others, and not from a hypothetical construction or philosophical introspection. Responsiveness requires discerning the precise nature of others’ needs and making sure that they are receiving the particular form of care that they need – as opposed to the care others think they need. Care recipients come from a myriad of backgrounds. Therefore a caring orientation will have to attempt to meet care recipients’ needs according to the particular circumstances they find themselves in. Finally, respect means that those in need of care are treated with dignity, and not presumed incapable of understanding or communicating their needs just because they are on the receiving end of care. We can also add a fourth, perhaps overarching quality of emotional engagement or connection. Emotions such as compassion and sympathy can motivate the person who is in a caring position (Himmelweit 1999). I am not suggesting the existence of personal or emotional connection as a precondition to a caring relationship. My point is that emotions like sympathy and compassion – which presumably already exist in interdependent relationships – may as well be acknowledged as a further resource that binds the above qualities together.³⁸ Having reviewed the main tenets of a caring

³⁸ ³⁹ Some care theorists further argue that activities should be considered caring only when they help and support “persons who according to generally accepted social norms ... cannot take care of themselves” (Bubeck 1995, 129; Schwarzenbach 1987, 155; Waerness 1984, 71) (Bubeck 1995, 129;

orientation, we can now continue to explore how a caring orientation can transform the practice of deliberative democracy in order to accommodate the inclusion of people with disabilities.

Care in Practice

Once human interdependency is recognised as the more appropriate original position, the central focus of a caring orientation becomes the compelling moral salience of attending to and meeting the pressing needs of those dependent on us for the care that they need (Held 2006, 10). A caring disposition clearly suggests an alternative way of engaging with one's fellow citizens. In this endeavour emotions such as sympathy, sensitivity and responsiveness are valued alongside rationality as equally important resources to better ascertain what a caring disposition recommends in a particular situation. Kittay's re-formulation makes it clear that a framework of care does not simply suggest a new individual or societal disposition, but has implications for politics and policy, institutions and their practices.

A caring disposition and response must indeed lead to policy implications, because we can fulfil only some of our obligations to others through personal caring relationships. Many of our obligations extend beyond the household and its familial concerns. We can only fulfil these obligations through acting collectively, which inevitably leads to the necessity of organizing political, economic and cultural institutions at least in a way that is conducive to caring policies and practices for individuals in need of care (Engster 2007, 2). Political institutions and policies can be organized in such a way that they can establish the background conditions necessary for care in the family or community, empower personal caring practices, and even help create a caring society by providing care to individuals in need on a much larger, systemic scale. If a

Schwarzenbach 1987, 155; Tronto 1998; Waerness 1984, 71). Waerness in particular draws a distinction between necessary care and personal services, and excludes from her definition of caregiving all personal services such as making dinner for individuals who are capable of performing this task themselves (Waerness 1984). This distinction is important because it separates out those cases where individuals are truly in need of care from those where care is trivial.

caring disposition is no less important at the institutional level than it is at the personal level, how can politics and policies embrace and imbue a caring disposition in the context of deliberative democracy? What would a caring deliberative democracy, and a caring deliberative citizen look like?

In her overview of the literature, Ruddick suggests that three distinct yet overlapping readings of care have emerged over the years: a caring orientation defined in opposition to an emphasis on justice, caring as a kind of labour and as a particular relationship (Ruddick 1998, 4). What is significant in these readings is that regardless of whether care is seen as a value, disposition or practice, the caring person or institution is always invited to respond to the other individuals or situations around her. Perhaps it is appropriate to talk about care as a response, as much as a value, disposition or practice. The response in question, as Barnes observes, is not based in procedural rights which emphasise universal principles and therefore require similar and specific practices in every context, but instead invites the caring person or institution to explore the particular so that the appropriate responses of action or inaction can be determined (Barnes 2012, 172).

In a policy setting of course it will be impossible to know, understand and finally attend to everyone's particular history, story and need.³⁹ In this regard, a caring disposition must

³⁹ We are, of course, primarily talking about attending to inclusion or communication related needs of individuals, in the context of deliberative decision making processes. It has already been mentioned that one of the goals of a caring disposition is to help individuals meet their basic needs and achieve basic capabilities. In a more general sense policies and provisions should start with helping individuals meet their basic needs (be it nourishment, shelter, medical care or protection from harm) when they cannot reasonably do it on their own. Beyond meeting basic needs, these policies should also help individuals develop basic capabilities like mobility, literacy, numeracy, reason and participation in public life, including social and political life. Part of the responsibility of these policies should be making sure that people who need care are not subjected to unnecessary or additional pain, suffering or barriers in the pursuit of their basic needs or capabilities mentioned above. Moreover, these policies should examine the most relevant and effective ways to show care to those who are in need. In many instances this will mean initiatives and programmes to be formulated and run by the direct involvement of potential care recipients. The desire to develop the right – relevant and effective - programmes will in many instances also mean that the development and delivery of programmes are transferred to the local and personal level, where listening and responding can take place through face-to-face, personal interaction rather than central planning.

recognise that each disability is different, and therefore different individuals may have different levels of needs. A service that is sufficient to help one individual may not be sufficient to help another one, even though those two individuals are medically diagnosed with the same disability. Therefore an important aspect of a caring disposition is meeting care recipients' needs according to the particular circumstances they find themselves in, as well as their particular preferences (Engster 2007, 26). A relevant, efficient and finally successful policy must be grounded on as much knowledge as possible (Robinson 1999, 156). As a result, policies, programmes and provisions that are developed at the local level and ideally through a process of face-to-face interaction between the care providers, care recipients and other stakeholders will more likely be relevant and effective in order to meet the particular needs of different individuals. Involving care recipients in identifying their own needs and developing as well as delivering programs will also help avoid the danger of paternalism or commodifying needs (Tronto 1994, 137). Therefore developing and delivering policies, programmes and provisions at the local level, and ideally through a process of face-to-face interaction between the providers, recipients and other stakeholders will always have more chances of successful outcomes.

It is at this very point that deliberative democratic norms become very relevant and instrumental to include the traditionally marginalized in the polity. Deliberative sites have a particularity about them that not many other democratic processes or spaces have. That is, every deliberative site is a mini polity where individuals are present with their particular histories, identities, views, preferences, interests, concerns, problems etc. The deliberative decision making or problem solving process is a move, using Gilligan's terminology, from the contextual and the narrative to the formal and the abstract (Gilligan 1990). Deliberative sites are sites where individuals acknowledge each other as concrete others with a history, identity, and affective-emotional constitution and not as generalised others who are simply rational beings entitled to the same rights and duties we would want to ascribe to ourselves (Benhabib 1992, 159).

Therefore already latent in deliberative democracy – in particular in its Habermasian form – are the spaces and processes where particular needs of care recipients could be responded to if a caring disposition were embraced by policies and interlocutors instead of a liberal orientation. When deliberative policy recognizes those that have been left outside, and interlocutors acknowledge each other as concrete others, deliberative democrats have no reason to conceptualise the individual as liberals do, leading to the exclusion of some. Deliberative sites, armed with the qualities of a caring disposition, can become the very sites where the needs of those who need special accommodations for inclusion in decision making processes can be met. They can become the sites, the mechanisms through which institutions as well as deliberators can learn about, acknowledge and respond to the particular needs of care recipients. On the other hand care recipients – those who are traditionally excluded from decision making processes due to physical or cognitive disabilities – can become part of a polity in and through these sites.

The characteristic qualities of a caring orientation were summarised above as attentiveness, responsiveness and respect. These qualities can be reflected in policies and institutions in a number of ways. Although, as Tronto observes, few theorists have examined the basic political institutions of a caring society, we can have a fairly clear idea of how deliberative processes and citizens can embrace a caring disposition. First of all, deliberative institutions and citizens can exhibit attentiveness by truly acknowledging that not all are autonomous and independent in the liberal sense, and although some will never be fully cooperating over a complete lifetime, they are nevertheless members of the society and polity as fellow humans and citizens. In practical terms this means rejecting the glorification of able-bodiedness and the stigmatization of neediness. Attentiveness in this sense can then alert both deliberative policies and citizens to the particular needs of individuals in deliberative contexts and to become part of deliberative processes. These needs can arise in various areas – needs regarding physical access to the deliberative site, clear

communication and so on. Second, responsiveness enables deliberative policies and citizens to identify the ways through which particular needs can be met. Third, respect requires that each individual is treated equally and with dignity in the deliberative site, entitled to communicating her preferences. Policies that operate with these qualities and deliberative citizens exhibiting this caring orientation then enable the participation of the disabled in deliberative sites whereas they would have been otherwise marked off as incompetent and therefore outside the deliberative sphere.

Conclusion

The purpose of this chapter was to lay the groundwork for a more detailed analysis that will take place in the following chapters. With this goal in mind, I have traced the development of deliberative democracy following its several “turns”. In the first section I summarised normative, empirical and systemic periods of deliberative democracy and particularly focussed on a number of notions or concepts that come to the fore in each of these periods. The ideal speech situation and the associated validity claims are emphasized. The need for modifications in the earlier theory, which became clear in the empirical period, opened the way for a more critical approach to the theory’s claims. I have discussed some of these well-known critiques, preparing the way to bring my own critique in the following section. I summarised the systemic conceptualisation of deliberative democracy, focussing on its emphasis of the different sites of deliberation and their relationships. The concepts explored here, such as decisiveness and transmission will again be used in the analysis I provide in the following chapters.

In the second section I took Rawls’ original position to task and suggested that deliberative democracy’s convergence with liberalism made the inclusion of the disabled difficult. This section started with problematizing liberalism’s conception of the self as autonomous, independent and

self-interested. Even though liberal democratic institutions are committed to the equality of citizens through the recognition of rights, due processes and the rule of law, they are not sufficient for achieving a caring polity because their foundational claims about the individual (as exemplified in contract theories) do not leave sufficient room to ensure attentiveness, responsiveness and respect. To replace deliberative democrats' liberal orientation with a caring one will on one hand make citizens, institutions and policies more thoughtful, and on the other make the inclusion of those individuals who live as care recipients – children, the frail elderly, the long term ill, and of course people with physical and cognitive disabilities – in deliberative decision making processes a closer possibility. A caring orientation will give citizens and policymakers a reason to look beyond self-interest, majority or interest group demands.

The possibilities explored and the insights gained in this discussion will directly inform the discussions in Chapters 3, 4 and 5. There is a direct and unavoidable relationship between the embodied nature of disability and the face-to-face caring response this embodiedness demands. These demands and the responses to them will be the topic of Chapter 3. A caring orientation once again opens up many possibilities for which a liberal orientation does not have a vocabulary in the context of preference shaping and opinion formation. I will explore these possibilities in Chapter 4. Chapter 5, on the other hand, will take the discussion from its single-site context to a multi-site, macro context of deliberative systems. Here the interrelatedness of deliberative sites, as well as citizens will guide the discussion on the spatial characteristics of deliberative democracy.

CHAPTER 2

Mapping the Discussion: Paradigms and Models of Disability

Introduction

The previous chapter has shown the extent to which disability and the disabled are absent from the theory and practice of deliberative democracy. I have contended that the roots of this absence can be traced back to deliberative democracy's liberal genealogy. However political theory in general has not paid adequate attention to the issue of disability either, and disability studies have stayed in the periphery of wider debates and discussions for the most part. The purpose of this chapter is to close the gap between the two areas of scholarship and to bring to the attention of deliberative democracy the development and claims of the scholarship on disability, especially as they pertain to the inclusion of people with disabilities in public life and democracy. An awareness of disability issues and especially the claims of the scholarship on disability is important for deliberative democratic theory for a number of reasons. First, it informs deliberative democrats that their unfounded assumptions about the able-bodiedness of the deliberative citizen are closely linked to perceptions of disability found throughout history and reproduced by political theory. Second, the disability studies literature provides us with the vocabulary through which we can understand and evaluate the blind spots of deliberative democratic theory regarding the inclusion of people with disabilities. Finally, only by taking into account the insights gained from the scholarship of disability studies can we recognise, counter and alleviate the marginalisation and exclusion of people with disabilities from deliberative decision making processes.

With this purpose in mind, the chapter starts with a brief overview of the underlying themes in societies' perception of disability historically. This survey makes it clear that the roots of today's attitudes towards to disability can often be found in the past. The discussion then moves on to introduce the debates around the so called disability models. It is not my intention to provide a

comprehensive review of disability history or models in this section. The discussion is selective for the sake of clarity and focus stays largely within the British context. The aim is to keep the focus on the aspects of disability history and models that inform the larger project and that relate directly to the analysis of the dynamics of deliberative sites and decision making processes. The discussion does not involve taking a position between the models, instead it seeks to identify and make use of each model's contribution and insights.

The vocabulary and insights we find in the disability studies literature, especially those that are gained from models of disability, show us that deliberative democracy has an ableist bias when it comes to the competencies of deliberative citizens. Building on the discussions on the main tenets of deliberative democracy and the construction of the deliberative citizen found in the previous chapter, and taking its cues from the claims of disability studies literature, the last section then unpacks in what ways deliberative democracy is ableist. This chapter finishes the ground-laying work that has started in the previous chapter. By the end of this chapter we will have reviewed both relevant deliberative democracy and disability studies literature, flagged the problems and blind spots regarding the inclusion of the disabled in deliberative democracy, and as a result prepared the background for the discussion and analysis which will take place at the intersection of deliberative democratic theory and disability studies in the next three chapters.

Perceptions of Disability: Three Paradigms

While we have to keep in mind at the outset that there is no single, universal story of disability, we can still identify themes and responses to disability that are common to a wide range of temporal and geographical contexts. The most comprehensive and detailed exposition of the history of disability are provided by Mike Oliver in his seminal study *The Politics of Disablement*,

followed by Henri Jacques Stiker's *The History of Disability* (Oliver 1990; Stiker 1999).⁴⁰ Oliver identifies three overarching paradigms in which societies deal with disability. In the first paradigm disability is associated with the supernatural and a link is established between the person's visible, outer condition and her inner being. The second paradigm situates disability in between illness and wellness, inside and outside, and ultimately life and death, which is explained by the notion of liminality. In the third paradigm disability is evaluated in terms of its economic meaning and societies' response to disability is explained from a historical materialist perspective.

1. Disability associated with a moral condition

Up until the seventeenth and eighteenth centuries in Europe, and in some parts of the majority world even to this day, disability is regarded as an affliction that denotes moral condition, God's will, disfavour or even judgment, and is as much a social problem as it is an individual one. Ancient Athenians as well Spartans saw disability as a sign of gods' anger and exposed their sickly or deformed infants by the decision of a council of wise men. That the decision was made by a council (and not the parents) indicates that in disability, the whole group – the state – was implicated (Spinelli 2008; Stiker 1999). Similarly The Old Testament declared people with disabilities – along with prostitutes and menstruating women - legally or ceremonially unclean and unfit to make sacrifices at the altar lest they defile the temple and the community. Not only those who presented the sacrifice, but the sacrificial animals as well had to be free of physical blemish. Consequentially, the Essenes excluded “the slow witted, the fools, the silly, the mad, the blind, the crippled, the lame, the deaf, the underage” from their community, because their presence would defile the community in whose midst “the holy angels dwelled” (Stiker 1999, 25).

⁴⁰ The Politics of Disablement has been updated in 2012 under the new title *The New Politics of Disablement* (Oliver and Barnes 2012).

The association of disability or physical deformity with sin persisted well into the modern period and to our day. English Puritan Thomas Tuke wrote in the 17th century that “the condition of the mind is discerned in the state and behaviour of the body” (Tuke 1616, 17). Indeed, ballads and pamphlets produced in this period regarded “monstrous” births as signs of warning and punishment from God and called the parents as well as the rest of the community to repent (Turner and Stagg 2006, 21). This paradigm is neither limited to the premodern or early modern West, nor left in history. Aall-Jilek’s work among the Wapogoro people of Tanganyika is a well-known example of its persistence into the 20th century, admittedly in a non-western context (Aall-Jilek 1965). Similar beliefs were widespread well into the 21st century in Turkey, where many families who have members with disabilities viewed their “predicament” as a result of God’s judgment on them, perhaps due to their past sins. Today in shame based cultures and societies with a strong belief in the supernatural (like medieval Europe), people with disabilities are seen as a source of shame to the family and the wider community. That shame must be done away with or covered. Therefore the honour of a family or dignity of a community require the disappearance from society of the individual who “by his appearance or abject habits” puts his relatives or community on the spot – once again, disability affects the whole community (Foucault 1989, 67).

2. Disability betwixt and between

Oliver associates the second paradigm with the concept of liminality, which was first described by Turner as any “betwixt and between” situation, time or place (Turner 1967, 10).⁴¹ Liminality is essentially ambiguous, unsettled and unsettling. In this view people with disabilities are relegated to an in-between existence by society. The person with a disability exists

⁴¹ Turner himself built on and expanded the concept of “liminality” and the “liminoid” which was first introduced by Arnold Van Gennep in his seminal essay *The Rites of Passage* (Gennep 1961).

in a state of social suspension: “neither this nor that, neither sick nor fully well, neither dead nor fully alive, neither out of society nor fully in it” (Murphy 1990, 112; Turner 1967, 97). She is invisible and “roleless” (Fine and Asch 1985). *The ship of fools* Foucault describes in *Madness and Civilization* is probably one of the most striking examples of this idea. Ship of fools narratives were literary compositions of the Renaissance landscape that featured strange drunken boats that glide along the calm rivers of the Rhineland and the Flemish canals, carrying the madmen who were driven out by inhabitants of the towns. These people were not pushed to inexistence, but to life in betwixt and between at “infinite crossroads” (Foucault 1989, 7). They were neither of the town nor of the countryside. They merely floated about in a state of “absolute passage” that never came to an end.⁴²

The notion of liminality can help explain a variety of phenomena and experiences related to disability. First, the idea of “holy innocents” comes to mind. This was one way societies in different places and ages have constructed the individual with especially hidden or mental disabilities. It was seen among pre-conquest American societies and was prevalent in the *l'enfant du bon Dieu* formulation of medieval Europe. The belief was that these individuals were special in that they were incapable of committing evil deeds voluntarily. The holy innocent was harmless and sometimes played the role of a mediary between God and the people. People felt closer to God around people with disabilities (Wolfensberger 1975). Therefore they were not shunned, but given a status betwixt and between the categories of worldly and heavenly. This concept too made its way to our age, especially as illustrated in popular cinema: Raymond, the idiot savant character played by Dustin Hoffman in *Rain Man*, Bob Wiley with various mental disorders played by Bill Murray in *What About Bob?* and of course *Forrest Gump*, played by Tom Hanks are some of the famous characterizations of the holy innocent in cinema (Levinson 1988; Oz 1991; Zemeckis 1994) .

⁴² ⁴³ Historical records attest the existence of these *Narrenschiff*. Frankfurt, Nuremberg and Mainz drove away their “madmen” to ships or entrusted them to merchants and pilgrims. See Foucault 1989, 8.

The “king’s fool”, prevalent again in medieval Europe, perhaps shares similar roots with the holy innocents. The king’s fool is almost always a person with a physical or mental disability, many times both. William Somer, the famous Tudor palace jester, was a “natural fool”, described in 1616 by Nicholas Breton as “abortive of wit, where nature had more power than reason” (Lipscomb 2011). Somer had a keeper who looked after him because he could not care for himself. Like all other fools employed by noble households, he existed in that liminal space he was allocated to, described by Prentki as the “twilight of the semi-detached” (Prentki 2012, 2). His disability took him out of society, but did not throw him into nonexistence. Instead, the king’s fool was given a role in a space where he was freed from the obligations that were demanded from other subjects. In that role he had freedom to speak truth to power. Again, partly because he was considered to be in closer communion with the supernatural world.

Modern institutions where people with disabilities were kept in Europe until recently and in the majority world to this day carry some characteristics of these liminal spaces, this time in a more physical sense. Foucault tells the story of the lazar houses where people with disabilities were kept at a “sacred distance” from the rest of society (Foucault 1989, 6). They were neither cured nor left alone, but kept separate in designated places. They had a physical reality, but they were not permitted a social reality (Turner 1967, 237). They had to be in another place, because letting these liminal personae to be seen in a place they did not belong to would both create a scandal and also pollute the community – reminding us that biblical cultic motifs still persisted into the modern age. However physical or spatial liminality need not be associated only with past or present institutions for the disabled. In many societies where disability is perceived as a source of shame for various reasons, some of which are mentioned above, people with disabilities may be imprisoned to a liminal existence in their own homes.⁴³

⁴³ ⁴⁴ I grew up across from a house where a large family with a disabled member lived. The family member who was in her late thirties and had a mental disability was strictly kept inside the house she stood by her window the entire day, watching the street. She was most likely sedated. I never saw her

3. Disability as economic burden

The third paradigm has strong economic underpinnings and is identified by Oliver as the “surplus population thesis”. In this paradigm weak or dependent members pose a threat to the survival of the larger community in conditions where economic survival is a constant struggle (Oliver 1990, 21). When times are hard, people with disabilities who are deemed incapable of contributing to the survival or the future of the community (along with the aged and the permanently infirm) are among the first to be discarded - killed or exposed at birth, forced out of the community etc. (Erevelles 2001, 100). This paradigm is closely related to a historical materialistic reading of disability history, which suggests that there are strong economic reasons for capitalist societies to exclude people with disabilities.

Exclusion, however, need not be the only response to disability that is primarily informed by economic concerns. Following Stiker, Arneil recounts how the shift from a supernatural outlook to secular social evolutionary theories and statistical science created a new rift between those who are able-bodied (therefore normal) and those who are disabled, therefore abnormal or even deviant (Arneil 2009, 220). One of the main responses to disability in this new division is rehabilitation, which assumes the existence of a potential rather than fully formed personhood. Rehabilitation, then, is the act of moving the individual from potential to actual personhood. This process usually involves an economic dimension as well, in that personhood is closely linked to the individual’s economic productivity or contribution to society.

II. Models of Disability

As I mentioned at the outset, similarities between different societies’ responses to disability regardless of the temporal or geographical context is striking. Meanwhile we have of course seen progress through the course of history in the treatment of people with disabilities. Disabled people

out of the house. When the family left the house, they locked her in her room. When there were other family members in the house, she was free to move around inside. When they had guests, she was locked up in the room again. A sad, confined existence betwixt and between, neither dead, nor fully alive, physically there, but socially non-existent.

are not put in ships to wander the countryside or chained up in detention centres⁴⁴, and no laws are written anymore to encourage them to beg cap-in-hand in street corners.⁴⁵ On the other hand, people with disabilities are still denied full participation in public life, albeit in more subtle ways. As indicated in one of Oliver's paradigms, it is still common to see disability regarded as a personal tragedy, a consequence of the person's physical or cognitive deficiencies. Indeed, this individual deficiency model has dominated the 19th and most of the 20th century, and was labelled by disability activists and scholars as the medical model. What came to be known as the social model of disability arose as a response and a reaction to this individualist approach. While in the medical model disability is strictly the attribute of the individual, the social model (or models to be more accurate) of disability locate disability in the individual's environment. Finally the recently developing critical model attempts to avoid a dichotomy between the individual and her environment, and instead establishes a dynamic link between the two (Masala and Petretto 2010).

The Medical Model

If disability amounts to the absence or reduction of an individual's physical or cognitive capacities, this individual deficit had to be alleviated through rehabilitation, treatment or cure, which was the job of medicine. Disability was seen as a deviation from the norm and considered a pathology for which the individual was responsible. The pathology had to be diagnosed and treated in order for the person with disability to fully be part of society. Medicine, then, confined

⁴⁴ At least not as regular practice in the Western context. However treatment of people with disabilities in many care homes is still far from adequate. For example a Panorama investigation broadcast in 2011 exposed the physical and psychological abuse of the residents at Winterbourne View , a public funded hospital for people with learning difficulties), by care staff. As a result the hospital was closed and 11 members of staff were convicted of nearly forty charges of neglect and ill treatment of those in their care. In the aftermath of the widely publicised scandal, the Department of Health commissioned a review to set out the government's response. The report recommended a programme of action "to transform services so that people ... are cared for in line with best practice, based on their individual needs and that their wishes and those of their families are listened to and at the heart of planning and delivering their care" ('Winterbourne View Hospital: Department of Health Review and Response' 2016, 9).

⁴⁵ The Vagabonds Act of 1530, passed under Henry VIII as part of the Tudor Poor Laws, mandated that only licensed individuals could beg. Licenses were only given to "impotent poor", which effectively only applied to the elderly and the disabled. The intention behind the law was to provide relief for the elderly and the disabled rather than discipline beggars (Webb and Webb 2013 [1906]).

people with disabilities, not in order to avoid scandal as Foucault might have suggested, but in the name of rehabilitation, treatment or cure (Foucault 1989, 66). For most of the last century people with disabilities were relegated to special institutions – hospitals, asylums, rehabilitation centres. It was also during this time that medicine – modernist and positivist in its approach – felt the need to define and classify disability, when young men returning from battlefields physically impaired, not to mention the civilians impaired by war, needed state assistance.

Policy makers started using the word “disabled” only after the emergence of the welfare state in the middle of the twentieth century, and to refer to the specific eligibility criteria for access to benefits and services. For example a person who lost his fingers and leg below the knee was 50 per cent disabled, whereas the amputation of a foot or the loss of an eye constituted a 30 per cent disability rate according to the British National Insurance Benefit Regulations (Oliver and Barnes 2012, 16). The striking fact in all this, of course, was that it was the medical professionals who had the authority to decide who had a disability and who did not. While not consciously constructed by anyone this model was “more part of the mental furniture of common sense” (Bickenbach 1999). Academic work on disability was again characterised by individualistic and medical explanation, and dominated by medicine and psychology.

The Social Model

Activists and organisations started challenging the medicalised and individualist readings of disability especially from the 1960s onward. Largely reflecting their own experience of discrimination and disadvantage as people with disabilities, they sought to shift the emphasis of the response to disability from changing the individual to changing the world around the person with disability because, once again, personal is political so far as the experiences of people with disabilities are concerned (Bickenbach 2009, 110).

In November 1975, representatives of the Disability Alliance and the Union of the Physically Impaired Against Segregation (UPIAS), then a small organisation run by people with disabilities, came together to discuss their positions on how to raise the concerns of people with disabilities onto the political agenda. The document in which their discussion is summarised, titled *Fundamental Principles of Disability*, was going to become the text that would shape and harbour the basic tenets of a social model of disability, on which many other scholars and activists built further in the following years. Paul Hunt, representing UPIAS read the following statement, of which themes will be unpacked in the following paragraphs in an attempt to give a summary of the basic tenets of the social model.

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. It follows from this analysis that having low incomes, for example, is only one aspect of our oppression. It is a consequence of our isolation and segregation, in every area of life, such as education, work, mobility, housing etc. Poverty is one symptom of our oppression, but it is not the cause. For us as disabled people it is absolutely vital that we get this question of the cause of disability quite straight, because on the answer depends the crucial matter of where we direct our main energies in the struggle for change. We shall clearly get nowhere if our efforts are chiefly directed not at the cause of our oppression, but instead at one of the symptoms (UPIAS 1976, 3).

It is society which disables physically impaired people. The social model refuses the explanation that disability is a consequence of an individual's physical or cognitive deficiency. Instead, disability is located in the wider environment - a disabled person is always "disabled by" the disabling barriers in her environment. Disability, then, is not a biological, but a socio-cultural construct (Lang 2007, 4). In other words, disability is not the individual's deficit, but the society's response to her physical or cognitive difference, which is perceived by the society as misfortune or tragedy. Some proponents of the social model in fact go as far as saying that disability or disablement has nothing to do with the body, it is "wholly and

exclusively social”, therefore it can only be understood within a framework which suggests that it is culturally produced and socially structured (Oliver 1996, 41; Michalko 2002).

The social model has a strong historical-materialist current, represented by Finkelstein, Oliver, Gleeson and Thomas among others. In line with Stiker’s maxim that “there is no phenomenon that does not arise from history and from social history” they draw on a Marxist interpretation of the world in order to explain the underlying reasons behind the exclusion of people with disabilities from public life (Stiker 1999, 158). Finkelstein provides an evolutionary explanation of the history of people with disabilities in society. His first phase covers the pre-industrial period where the mode of production and social relations did not necessarily separate people with disabilities from their family or communities – although they were still at the bottom of the social hierarchy. In phase two, with the advance of industrial capitalism, changes in the organisation of work from a rural to a factory-based system and the birth of individual wage labour brought a dramatic change to the experience of people with disabilities (Finkelstein 1980; Oliver and Barnes 2012, 55). Those who could not sell their labour started facing systematic exclusion from capitalist societies. Workhouses, sheltered workshops, rehabilitation institutions, enforced dependency, etc. were once again the society’s primary response to professionally manage and control disability (Thomas 2004, 22).

Disability is something imposed on top of our impairments. The social model makes a clear distinction between disability and impairment. The UPIAS document defined impairment as “lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body” and disability as “the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities”⁴⁶ (UPIAS 1976,

⁴⁶ The restriction of disability to “physical impairments” was subsequently abandoned in favour of a definition that included physical, sensory and cognitive impairments. See Oliver and Barnes 2012, 21.

14). Disability, as explained above, is structural and public while impairment is individual and private (Shakespeare 2013, 216). The distinction between disability and impairment helped the proponents of the social model to challenge the dependency and need for rehabilitation of the person with a disability. If disability was a social instead of a medical problem, the solution to this problem had to be found not in cure or rehabilitation, but in social and political change (Hughes 2004, 63).

Disabled people are an oppressed group in society. The social model maintains the historical materialist duality between the oppressed and the oppressor and defines people with disabilities as an oppressed group. The oppression and negative social attitudes towards people with disabilities undermine not only their personhood, but also their place in society as full citizens. Disability becomes a positional marker between those who dominate and those who are subordinate, those who control with power and those who lack power and therefore control over their own lives. Power, which presupposes political, economic and social hierarchies renders the disabled population as outsiders in peripheral regions – whether this periphery be understood in the context of global, regional or urban/local spaces of power and powerlessness (Charlton 1998, 30; 2010, 195).

One of the striking features of this oppression is that it is internalised by people with disabilities. Overwhelmed under the gaze of medicine and its professionals, people with disabilities do not anymore know their real selves, needs and capabilities (Charlton 1998, 27). This is none other than another example of false consciousness and alienation, reminding us once again of the Marxian hues in the social model. As a result of this internalised oppression, people with disabilities see themselves as lacking or deficient, normalise their suffering and pain as part of being disabled, are more prone to exempt themselves from the work and employment process and finally accept their position in society as one of charity or welfare recipients (Abberley 1987,

17). The social model in turn advocates a world where discrimination and injustice are removed along with stereotypes, a world where people are not expected or forced to be the “same” in order to be recognised and included in public life (Barton 2004, 287).

On the answer depends the crucial matter of where we direct our main energies in the struggle for change. In transferring the location of the “problem” of disability from the individual to her larger socio-economic environment, probably one of the most important contributions of the social model is to give precedence to the importance of politics, citizenship and empowerment of those with disabilities in public life. If the blame rested with the barriers that were erected by the abled society, removing or dismantling these barriers in every aspect of public life became the goal of disability activists. Identifying the problem, the enemy if you like, enabled them to develop a strategy and roadmap for the emancipation of people with disabilities. This, of course meant much more than removing physical barriers. The social model advocated the pursuit of a strategy of social change or even social transformation.

Although the social model was instrumental in a significant change of approach to disability studies as well as policy, it has not been without its critics. It has been criticised on many different accounts, the accusation of reductionism being the reoccurring theme in many of these critiques. For example Stuart and Begum et al find the social model lacking because of its neglect of the relationship between disability and race or ethnic minority status (Stuart 1992; Begum et al. 1994). Crow, French, as well as Morris use the insights gained from feminist politics in order to blur, or perhaps de-construct the dichotomy between disability and impairment (Crow 1996; French 2004; Morris 1991, 1996). For Crow, it is a big failure on the part of the social model to have rejected the personal experience of pain and limitation, which are usually part of impairment.

While the authors above do not reject the social model but seek to improve or reform it, others like Shakespeare and Watson announced back in 2002 that the time has come to leave the

social model behind as it was suffering from fervent policing and has taken on a very rigid, almost religious character (Shakespeare and Watson 2002, 23; Thomas 1998). Shakespeare's more recent critique of the social model should also be noted as it will be particularly relevant in the proceeding discussion. He suggests that in an effort to counter the deep seated idea that people are disabled by their socio-economic context and are defined by their incapacity, the social model has moved from one extreme to another, which defines disability entirely in terms of social oppression and social barriers (Shakespeare 2014, 17). Impairment is a problem that affects every aspect of a disabled person's life. People with impairments are disabled by the society as well as their bodies. If we are to accept Oliver's claim that disability has nothing to do with the body then to analyse disability on the basis of impairments or organise around impairments become redundant (Oliver 1996, 41). Moreover, if disability is only about that which is social, then any attempt to cure impairment must be met with suspicion – they can only be seen as distractions from the real problem. On the other hand, the social and the physical are often so intertwined that disability and impairment cannot always be easily extricated (Shakespeare 2014, 22) We cannot know where impairment ends and where disability starts and where the distinction between the two lies. Finally, a purely structuralist account of disability misses the fluidity of disability itself. There is no one single disabled entity or identity – no one today is purely one thing (Said 1994). Therefore the "disabled" label cannot adequately sum up an individual's experience. Some individuals will simply not want to be identified – labelled if you will – as disabled whereas the social model has a very rigid and visible conception of who is in and who is out of the world of disability.

Critical Disability Studies

In recent years a new and influential group of disability scholars have been using the term "critical disability studies" (CDS) to explain their position in disability scholarship (Corker 1999; Campbell 2009; Goodley 2010; McRuer 2010; Shildrick 2012) . While CDS agrees with the social model in its

critique of liberalism's construction of and approach to disability and its emancipatory outlook, it rejects the social model's objectivist account of disability. The social model has made significant gains to improve the lives of people with disabilities, however its efforts to create a counter-culture and assumption that its own version of the world is the correct and true version often makes it blind to the nuances of the disability experience (Gabel and Peters 2004, 588; Shakespeare and Corker 2002, 3). As hinted above, it strictly operates on the principles of contradiction and of the excluded middle, leaving no space for the possibility of any third dimension between its binaries: medical vs. social, impairment vs. disability etc. (Jay 1981; Shakespeare and Watson 2002, 588). The critical disability studies approach attempts to go beyond these binaries to include the cultural, psychological, embodied, social, relational and representational aspects of disability in the account. It recognises the complexity - or even the ambiguity - of the disabled identity, the multiple disadvantage of people with disabilities and the intersectionality of the disability experience (Shuttleworth and Meekosha 2009, 58). As some of the terms already used hint at, it is in an ongoing conversation with feminist, queer and postcolonial studies, employing and appropriating their insights for disability scholarship with a concern for disability emancipation. In this, CDS also sits more comfortably than the social model with postmodernist and poststructuralist accounts of disability experience and scholarship.

Like the social model, CDS is vocal in its critique of liberalism which construes disability as a misfortune or personal tragedy that needs to be dealt with.⁴⁷ Disability should be prevented if at all possible. To put it bluntly, in a utopian world, liberalism would seek to abolish disability on the basis that human beings are not meant to "suffer" disability (Pothier and

⁴⁷ Remember Rawls' treatment of disability as misfortune in Chapter 1, Section II. See Rawls 1999:83 and 2005:184

Devlin 2006, 11).⁴⁸ If prevention fails, treatment and cure, or rehabilitation are sought. Inherent in this response to disability is liberalism's construction of normalcy and what counts as "normal". The abled-bodiedness of the normal is inevitable, normal is privileged over that which is abnormal, and the organisation of society reflects this inevitable privileging. This perspective of misfortune leads to pity and charity – the "appropriate" responses to disability as opposed to inappropriate responses like awkward avoidance or prejudice – reinforcing the perception that the disabled are passive, needy individuals who are at the mercy of the society because of their predicament. In this context, disability is always viewed from the perspective of the able-bodied. The disabled individual is imagined to be going through severe suffering, experiencing life as a completely dependent and valueless person. To bring the discussion full circle, we recall liberalism's construction of personhood in terms of economic activity. The disabled individual is needy, because she falls short of the economic competence of a "normal" person. If economic productivity is an essential aspect of personhood and therefore part of liberalism's construction of normalcy, can it relate or respond to disability in any way that would not attempt to normalise or eradicate it?(Pothier and Devlin 2006, 2.)

Probably the most fundamental and immediate difference between CDS and liberalism is how each one conceptualises the self. CDS questions liberalism's emphasis on liberty, choice and especially autonomy, asking whether these are discursive artefacts. When we take into consideration the fact that some people with disabilities live in complete dependency, can liberty or autonomy really be co-constitutive with the self? Taking the point one step further, how does lack of autonomy due to disability interact with the liberal conception of citizenship? Are those disempowered from participating in public life – sometimes even by being literally closeted away

⁴⁸ To take this point even further, it would be unthinkable today to construe differences such as race, gender or sexual orientation in the same way and seek to abolish them. To explore this point further, see Pothier and Devlin 2006, Introduction.

– citizens? The inevitable question of productivity of course comes up. Does genuine citizenship also require a capacity for productivity – bringing us to the logical consequence that those who cannot be productive are less worthy of citizenship? (Pothier and Devlin 2006, 17.) This challenge does not necessarily target liberal rights per se, but their failure in responding adequately to the existence, needs and interests of people with disabilities by excluding disability from the scope of the normal in their perception of equality (Hosking 2008, 12). The result is what Pothier and Devlin call a regime of dis-citizenship, where people with disabilities might have the formal rights of citizenship, but are far from exercising substantive citizenship due to liberalism’s conceptualisation of self and the citizen in close relation with autonomy and productivity, as we have discussed in the preceding chapter (Pothier and Devlin 2006, 1).

Following the critical tradition, CDS looks below the surface of the status quo and seeks the potentiality for or desirability of things being other than they are. In doing that, it problematizes the liberal construction of individuality and personhood, and politicises the question of disability. It is a “self-consciously politicised theory” and its goal is the pursuit of empowerment and substantive as opposed to formal equality as well as citizenship (Hosking 2008, 15). Disability is not first of all a question of medicine or health as Rawls thought, nor is it just an issue of sensitivity and compassion; instead it is a question of politics and power - power over and power to (Pothier and Devlin 2006, 9). In its analysis of power and politics of disability, CDS contends that what is social cannot be reduced to empirically derived facts and a responsible critique of the status quo must both have a reflexive awareness of the historical development of our own thinking (e.g. above discussion on the assumptions of liberalism) as well an openness to engagement with ideas emerging from different experiences, contexts and cultures (Meekosha, Shuttleworth, and Soldatic 2013, 2). With this awareness the critical disability scholar links theory with praxis in what is essentially a transformative, emancipative endeavour for the full and substantive inclusion of those with disabilities in the public and political sphere.

As it has already become apparent a critical, emancipatory concern lies at the core of critical disability studies' *raison d'être*. Critical theory stands between theory and praxis in a struggle for a participatory society. Protest of suffering as well as the need for both autonomy and participation make up some of the basic tenets of a critical approach. As a result, social processes and cultural meanings that impinge on social actors, restricting their ability and opportunity to participate in society are put into focus and analysed by critical social scholarship.

CDS attempts to move beyond the medical vs social models binary. It suggests that the social model's rigid separation between the body and culture is not tenable on various accounts. First of all, in the social model the body exists merely as a biological entity and does not have a history. The individual experiences his or her body as an object outside and apart from his or her whole being. The person exists separate from her body, and then the person thinks and talks of her body as something other than the person (Hughes and Paterson 1997). Second, the social model does not provide a language in which pain, aches, infections or impairments can be recognised or acknowledged.⁴⁹ People with impairments or those who live with constant pain are disabled not only by the society and its structures, but also by their own impairment or physical pain. Difference and the personal experience of pain and limitation cannot and should not be denied. As Shakespeare and Watson argue, "We are not just disabled people, we are people with impairments and to pretend otherwise is to ignore a major part of our biographies" (Shakespeare and Watson 2002, 11).⁵⁰

⁴⁹ For a more detailed analysis on the role of physical pain and suffering see Crow 1996; Morris 1991.

⁵⁰ To emphasize their point, Shakespeare and Watson give some striking examples that take the social model to its logical extreme: If physical impairment or difference is completely irrelevant in our human experience, why do we worry about land mines or road accidents? On what grounds is it sensible for a pregnant woman to take folic acid tablets, and can we claim that she is being oppressive to people with disabilities by taking the tablets? (Shakespeare and Watson p 13.)

The recognition of bodily difference is important since different impairments generate different responses. These differences – and responses to them – have significant impacts at the individual and social levels. Therefore while on one hand the medical model sees in disability only an impairment – a physical deviation – to be rid of, and on the other hand the social model refuses to attribute any significance to impairment, the critical disability studies approach avoids both extremes in an attempt to deal with disability as a whole – with its social and physical, phenomenological and cultural aspects. In this view it would be wrong not to reduce the impairment of an individual if at all possible, but it would be as wrong not to challenge the structural or social barriers before the individual just because there is no prospect of the impairment disappearing (Shakespeare and Watson 2002, 13). An impairment may never be completely eradicated, a completely barrier free environment may be an unsustainable myth or even an utopia, but there is still much to be done realistically to make sure that people with disabilities can participate in public life (Abberley 2002).

To sum up the above points, CDS attempts to move beyond the tension between the medical and social models by questioning the very foundational assumptions of these models about normalcy, independence, interdependence, the social construct of disability but also non-disability and by expanding its enquiry into a much larger range of issues such as the intersection of disability with class, gender, race, sexual orientation, ethnicity and a host of other socially constructed categories. For example the experience of a white, middle class man who develops his disability later in life will be significantly different than the experience of a coloured woman who was born with disability (Hosking 2008, 11) How should we deal with the difference in this case, by completely ignoring it, or by acknowledging and responding to it? What theoretical tools do we have to acknowledge or respond to it? CDS recognises these questions regarding difference and accepts them as inevitable.

Moreover, its conception of difference extends beyond the ability vs disability binary to a conception of “disabilities” as well as the intersection of different axes of oppression concerning disabilities. CDS recognises the multiplicity of difference and disadvantage as well as the intersectionality of oppression that people with disabilities experience. The social model’s neglect of the impaired body and the problems that arise out of this neglect has already been mentioned above. As feminists have understood long ago, the body is one of the loci of oppressive social relations – it embodies oppression. Therefore, once again, the body cannot be understood as simply biological or bounded, but should be seen as one more axis along which social inequalities as well as systems of privileging and power are reproduced. Along with the other axes such as gender, race, class, sexuality and age, disability is a marker in the divide between the powerful and the powerless, those who have a voice and those who do not (Shakespeare and Corker 2002, 2).

While the social model’s diagnosis and language of oppression is correct and discrimination against the disabled alive, the experience of people with disabilities cannot be merely reduced to oppression. In the encounter between the abled and the disabled, a conflictual paradigm (i.e. dominant abled vs. subordinate disabled individual) can explain what is taking place only partly. In this encounter mutual fear and mistrust must be recognised. The need for education (of the abled as well as the disabled) and increased visibility (i.e. sharing and presence in the public space) become more pronounced. Moreover, oppression cannot be described only as the able-bodied approaching and dealing with the disabled person in inappropriate, insulting, demeaning or patronising ways, but also in the self-perception of the disabled person, and her internalisation of these ways and practices (Lang 2007, 30).

At this point, CDS espouses an embodied approach. It is an embodied theory in at least two ways. First, CDS locates the body at the centre of the discussions around disability. This point has already been explored above, so it will not be explored further until the next chapter. Second, CDS is

embodied in the sense that it emerges from the bottom up, from the daily, lived experiences of people with disabilities. Whereas the ivory tower of academia can be disembodied, CDS aims to engage with social values, institutional priorities and policies, and political will as they are the real issues that real people face with in their daily lives (Pothier and Devlin 2006, 9) This embodied approach is a consequence of its intentionally locating itself between theory and practice, as already mentioned in the preceding section.

Finally, CDS recognises the ambiguity of the disabled subject and resists any attempts or temptations to essentialise disability. CDS is not a grand theory of disability, simply because disability is not a monolithic entity with an essential nature. Some disabilities are visible, some are not. Some are acquired gradually or at a certain point in time; some, people are born with. Some are permanent, others are temporary. Defining what is permanent and what is temporary is in itself a challenge that requires long informed discussions, let alone defining disability. The range of potential disabilities is endless. For some disability is constructed depending for the most part on what is valued by the society at a certain sociopolitical conjuncture. For them, some personal characteristics are understood as defects – most of the time as a result of how they relate to productivity – and persons are manufactured as disabled (Pothier and Devlin 2006, 5). Others like Swain and French take it so far as to claim that everyone is – or will be - disabled in one way or another, so we cannot look for a stark distinction between the disabled and the able (Swain and French 2000). Similarly for Davis everyone is impaired: impairment is the rule and not the exception (Davis 2002, 32).

Perhaps one way to work with or work around this ambiguity is to look beyond the impairment or disability itself, to the effects on the life of the individual. French delineates four factors that influence the way people with disabilities experience the consequences of their impairments in daily life: the precise period in a person's life when they acquired their impairment, the relative visibility of the impairment, the severity of the impairment – or perhaps the extent to which it

deviates from the norm – and finally other possible illnesses that the impaired individual might have (French 1994). Focusing on the functional consequences help avoid the risk of labelling and categorising disabilities. Yet again, as discussed above, disability is not simply how the environment limits the functioning of the impaired person. Impairment is real and both biological and external factors are relevant in a discussion of disability (Shakespeare 2014, 58) Therefore if disability is constructed at the intersection of the environment and the biological, responses to disability must take both factors into account.

Finally, the ambiguity of disability should also prevent us from making the assumption that we know the disabled subject. If disability exists in such enormous variety and countless experiences, we cannot know the whole picture. Besides those who may not be aware of their impairment (does this mean they are not disabled?), some may not call themselves disabled (for many reasons, some of which should be obvious to the reader by now), others may not want to identify themselves with the disability community or not call themselves a minority unlike others who do (Shakespeare and Watson 2002, 25). When we consider the fluidity of disability in light of the above discussion, the need to problematize the notion of normalcy and what counts as normal once again comes to the fore.

The review so far on the perceptions and models of disability provide us with the insights and language with which we can now turn to deliberative democracy. The discussion below will show us the extent to which the claims of disability scholarship about the marginalisation or exclusion of people with disabilities in society are reproduced in deliberative democratic theory.

III. Deliberative Democratic Practices Risk Ableism

In a time where diversity is valued and embraced, people with disabilities have been absent from texts or discussions on diversity (Jaeger and Bowman 2005, x). As Ian Birrell observed, in the midst of the “discussion of diversity and self-congratulatory talk of tolerance”, people with disabilities

are still “stuck in the shadows of society” (Birrell 2014).⁵¹ Deliberative democrats too have left people with disabilities outside the scope of deliberative sites despite the theory’s emancipatory concerns and emphasis on equality. They have not grappled with questions and debates around able-bodiedness, disability and inclusion, which, given deliberative democracy’s emancipatory ideals, ought to be key discussions for deliberative democrats. This exclusion, mainly by omission, risks rendering deliberative sites ableist. Using the insights gained from the above discussion as reference, I explain below what I mean by ableism and the risk thereof.

In general terms, ableism refers to “promoting certain psychophysical features as superior or fully human” (Mladenov 2016). It denotes an attitude “that devalues or differentiates disability through the valuation of able-bodiedness equated to normalcy” (Ho 2008). Wolbring defines it as “the favouritism for certain abilities for example cognition, competitiveness or consumerism and the often negative sentiment towards the lack of favoured abilities” (Wolbring 2006). For Campbell it is a “network of beliefs, processes and practices that produces a particular kind of self and body that is projected as the perfect, species-typical and therefore essential and fully human” (Campbell 2009, 5). The common point between the various definitions is the belief that disability is inherently negative and should be rehabilitated, cured or if possible, alleviated.⁵²

⁵¹ For instance, in a survey conducted by Scope recently, nearly half (43%) of the public said they do not know anyone who is disabled and fewer than 17% of people said they have friends who are disabled. In the same survey two thirds (67%) of the people said they feel uncomfortable talking to disabled people (Aiden and McCarthy 2014). Evidence from a similar survey also shows that a significant proportion of society assume that disabled people are less capable than able-bodied people, in need of care and dependent on others (Grewal et al. 2002).

⁵² Discussions on related terminologies of “ableism”, “disablism” and the more recent “dis/ablism” abound. To give a brief explanation of the distinctions between the three, while ableism promotes certain competencies, disablism renders individuals inferior and threatens to exclude, eradicate or neutralise them because of their impairments. Dis/ability on the other hand emphasizes that ableism and disablism “can only ever be understood simultaneously in relation to one another” (Goodley 2014). Given that the nuances between the three terms are not significant enough for the purposes of this work, I find it unnecessary to burden the discussion and will use “ableist” to denote the ways in which deliberative democracy favours able-bodiedness and excludes disability.

Deliberative democrats' demands from citizens, which were discussed in the previous chapter risk ableism to the extent that they promote certain cognitive and communicative competencies as necessary for participation in deliberative practices and therefore for individuals to count as deliberative citizens. These demands favour able-bodiedness as a precondition to be a full deliberative citizen. Adapting the very definition of disability espoused by the proponents of the social model and cited above, deliberative democrats take no or little account of people who have disabilities and thus exclude them from participation in deliberative processes (UPIAS 1976, 14). The omission of people with disabilities from deliberative sites undermine not only their personhood, but also their place in society as full citizens – disability becomes the marker of difference between those who are accepted as full citizens to deliberative sites and can therefore deliberate, and who are not citizens in the deliberative sense of the word.

In Chapter 1 four groupings of problems were identified regarding deliberative democracy's assumptions about citizen competence: participation, rationality, language and equality. These were suggested as barriers to the full participation of average – able-bodied – citizens. However their exclusionary properties are exacerbated in a context where we attempt to imagine people with disabilities as prospective deliberative citizens. They can also help us identify the specific ways through which deliberative democrats may risk an ableist outlook.

The problem regarding participation was that the demands of deliberation might prevent the presence, voice or representation of all relevant parties in a deliberative site. When these demands favour able-bodiedness, the cost of participation might make it impossible for people with disabilities to be part of deliberative decision making processes. These demands may be related to physical access to deliberative sites or confidence and self-esteem issues that are required to participate in deliberation. Moreover, if the deliberative

event is using an open door or self-selection policy, participation will still be skewed in favour of those with higher economic status and better education – both of which people with disabilities usually lack.⁵³ The examples in the previous chapter from four deliberative events also provide evidence that an open door policy is probably inadequate to recruit people with disabilities to deliberative sites.

When it comes to rationality, deliberative democratic practices favour able-bodiedness against those who deviate from the norms that also define competent liberal citizens. This in turn links rationality to basic cognitive capacities to formulate and defend arguments in an understandable and persuasive way. As a result while those who speak less well, or who speak in ways that are devalued by the dominant culture are disadvantaged, those who cannot speak at all, those who take longer to formulate or understand arguments, or those who process information and ideas less well are kept out of deliberative decision making processes altogether. A similar situation is true for the use of language, which in some instances might act as a barrier for people with disabilities – people with disabilities are usually not the most elaborate orators.

In terms of equality, the problems that people with disabilities face are often multiple and interconnected – poverty, lack of qualifications, lack of education, unemployment, depression often coexist with disability in a cycle of deprivation and intensify the problem of access and inequality (Barnes 2001). These interconnected problems also have a negative impact on relevant and accessible information for people with disabilities. As a result, while deliberative theory is built on the twin principles of formal equalisation of access and equal opportunity to articulate

⁵³ Disability is both a cause and effect of poverty. For more on the cyclical relationship between disability and poverty see C. Hughes and Avoke 2010; Lustig and Strauser 2007. Disabled adults are nearly three times as likely as non-disabled adults to have no formal qualifications (30% to 11% respectively). See Office for National Statistics 2012.

persuasive arguments, in practice people with disabilities are given neither access to the site nor opportunity to voice their preferences.

Conclusion

The purpose of this chapter was to bring to the attention of deliberative democracy the development and claims of the scholarship on disability issues, especially as they pertain to the inclusion of people with disabilities in public life and democracy. Becoming familiar with the vocabulary of disability studies serves to inform deliberative democrats about their unfounded assumptions about the able-bodiedness of the deliberative citizen and help recognise the blind spot of deliberative sites regarding the inclusion of people with disabilities, which in effect risk rendering these sites ableist – at least by omission. With this goal in mind I briefly surveyed historical attitudes towards disability which are still persistent today. Many of these attitudes will come up when we start discussing deliberation and deliberative sites, linking this discussion with the following chapters and reminding us once again that an awareness of these attitudes is an important first step in our analysis of the exclusion people with disabilities face in deliberative democratic theory and practice.

The history and discussion on the medical, social and critical models of disability that are provided in this chapter show that there is not a single disability theory or agenda that can guide our analysis. Although the community of scholars involved in this work is relatively small, the variety of approaches and the wealth of insight, especially as a result of links with other disciplines is remarkable. In the next few paragraphs I pull together the relevant themes from this body of work which will guide the discussion in the next chapters.

The first guiding theme is the rejection of normalisation as a response to disability. Along with the rejection is a call to shift the gaze from a focus on the construction of disability as a deviance from the norm to a focus on disability as one form of existence among others. One way of

problematizing the norm is to challenge the diagnostic perspective that emphasises individual deficiency and imposes able ways of living – what McRuer calls “compulsory able-bodiedness” (McRuer 2006). Another way would be to challenge the idea of a rational, independent – liberal - subject who acts as a citizen. I have already problematized this construction of the deliberative citizen and proposed an alternative in the preceding chapter. In the next chapters I will explore what happens in the deliberative site when the liberal citizen is replaced with the caring citizen and when care becomes the guiding orientation as opposed to self-interest. The second theme is the rejection of binaries, especially the binary of the mind versus the body in favour of a more embodied conceptualisation of disability. Disability is not only medical versus social. It is not only body/physical versus environmental/structural. It requires a much deeper and more complex conceptual analysis, which takes into account both the physical and ideational environment in which the person lives, as well the person’s impairment and the effects of that impairment. The implications of this rejection of binaries will become clearer and more relevant in the discussion on the disabled body and spatiality in the next chapter.

The third theme is the multi-dimensionality of the disability experience and struggle. Just as disability cannot be considered as simply consisting of one or two dimensions, the engagement in disability studies or its emancipatory framework must be carried on along different axes of analysis. The present enquiry, therefore, cannot limit itself to include social, economic and political planes, but must extend to the psychological, cultural, discursive and carnal. To give an example, if disability is not simply about having a medical condition but about the way in which medical conditions come laden with meaning and connotation, the enquiry must discover first and take into account what they and essentially the construction of the difference based on them mean for the disabled person, her participation in public life as a citizen and for this project. These three overarching themes will become the lenses if you like through which we will look at deliberative democratic theory and its sites in the next three chapters

CHAPTER 3

The Embodiedness of Disability and Deliberation

Introduction

In this chapter I highlight the embodiedness of the disability experience and the embodiedness of deliberation, and draw connections between the two to contribute to the case for the inclusion of people with disabilities in deliberative democracy and its decision making processes. As I have indicated in the introduction, political theory seldom connects citizens and bodies, and deliberative democratic theory is no exception in that it does not engage with deliberative citizens as embodied citizens. While the body with its functions and impairments lie at the heart of the disability experience, discussions on what constitutes deliberation mostly ignore the bodily dimensions of communication. Acknowledging the embodiedness of deliberation therefore addresses this theoretical gap, but at the same time helps open up the discussion to multiple possibilities for the practical inclusion of people with disabilities in deliberative sites.

In the following sections I first provide a brief discussion on how the body is conceptualised in social science. This discussion will also illuminate the links between theories of the body and models of disability. I will then explain what I mean by the disembodiedness of deliberative democratic theory and its deeply implicit assumption that the deliberative citizen has a “normal” body. The goal in these sections is to show that the present orthodoxy of disembodied deliberation and the assumption of normality excludes people with disabilities from deliberative sites and once again renders it ableist.

I will then challenge the twin issues of disembodiedness and normality, and present an alternative conceptualisation of deliberation and the deliberative site where the disabled subversively appear in the deliberative site in their embodied, “abnormal” state. I will analyse

what their embodied presence in the deliberative site means and does. In this alternative deliberative site, the embodied presence of the disabled achieves a number of things. First, it makes citizens accessible and available to each other. Second, it disrupts the deliberative site and exposes the otherwise invisible physical organisation and the power relations embedded in this organisation. Third, it politicises the deliberative site which is depoliticised by the hegemony of rationality and order. By being present in the deliberative site in the first place and by attempting to communicate in ways that are unexpected, perhaps deemed to be unintelligible or even unacceptable by deliberative standards, people with disabilities both challenge the boundaries of what counts as deliberation and demand recognition in deliberative democracy. Fourth, and finally, their very act of embodied presence brings into light their exclusion and therefore performs one type of deliberation. The questions of how this presence can be translated into preference as well as how the physical organisation of the deliberative site can be used for inclusion will be taken up in detail in the following chapters.

I. The Body and Embodied Citizenship

It is an oft-repeated fact that the study of the body is a latecomer to social science. The Western philosophical tradition has always had a cognitive bias that identified humanity with the mind while overlooking humans' physical being (Shilling 1993, 10). In Elias' words, philosophy has always conceived of us as *homo clausus* - thinking statues who are imprisoned in bodies that cannot provide us with reliable knowledge about the outside world (Elias et al. 2000). This silence and the persistent absence of the body is – in another oft-repeated claim – often attributed to the legacy of Cartesian dualism or distinction between the mind and the body.⁵⁴ In this dualism the mind is the location of cognitive processes like thinking, writing, reasoning, reflecting, arguing, and

⁵⁴ As widely repeated as it is, the critique of the Cartesian duality itself should not be embraced uncritically. For example Baker and Morris problematise the traditional hard distinction that is ascribed to Descartes using his own writings, and label it as the “Cartesian Legend” (Baker and Morris 2005).

debating whereas the body is associated with mostly involuntary and fixed set of physiological processes like respiration, digestion etc. Cognitive processes both take place independently of the body, and take primacy over it. The mind is the active subject that takes control of the body, which is merely a passive object, a special kind of entity, a container (Russell 2011, 11; Blackman 2008, 5).

This naturalistic view conceptualised the body as a pre-social and merely biological container, whose expected role – if it had any role at all - was to conform to normative values. The Judeo-Christian tradition, for instance, established a link between the moral state of a person and his body, and rendered the body as weak, sinful and in need of strict regulation under a moral order (Brown 2008). The mirror opposite of this body would be one which defied or disrupted that order: the disabled, feeble minded, the uncivilised or the savage (Mercer and Race 1987). Where a link was established between the body and morality, the denigration and rejection of the body which threatened the moral order had at times lethal consequences. The eugenics movement of the early twentieth century, which targeted different racial groups, sexualities, the disabled and the “feeble minded”, particularly if they were also women, shows how far the rejection of some bodies could go. This view of the body shares some assumptions with the medical model of disability, which sees disability as a deviation from the norm and considers it a pathology for which the individual is responsible. The order that the body is subjected to does not have to be religiously inspired. It might well be productivity, for example, especially in advanced capitalist societies where the individual’s worth is linked closely to his participation in the labour process. As a result the medical model focuses on intervention that aims to normalise a disabled person’s work functions, often at the expense of his individual needs.⁵⁵

Although naturalistic views of the body – as well as the medical model of disability – are still persistent, social constructionist views regarding the body has gained wider acceptance

⁵⁵ For more on the relationship between disability and individual worth in capitalist societies, see Abbas 2016, *Economy, Exploitation and Intellectual Disability*.

starting from the second half of the twentieth century. The anthropology of Mary Douglas viewed the body as an image of the social system, a metaphor of society (Douglas 2002[1966]). In this view, it is impossible to consider the body without involving at the same time a social dimension, because the social body determines how the physical body is perceived and experienced (Douglas 1996). Other social constructionists like Laqueur and Jordanova also emphasized how bodies have been invested with a wide range of social meanings (Laqueur 1992; Jordanova 1990). Meanwhile for Foucault the body was both completely constituted by discourse and at the same time critical to operations of power (Foucault 1979a). Finally Goffman focused on social interaction and the relationship between an individual's self and social identity, and examined the body in relation to managing and presenting the body, as well as stigma that is attached to the body (Goffman 1990b). If power relations have a hold upon the body, the body is also directly involved in a political field. Regardless of whether we see the body simply as something we have or something we are, it is already something more than a container or a substance. The body is a site of meaning, potentiality, practice and performativity. It is a basic theme for symbolism (Douglas 2002, 163). As feminists have long recognised, the body is one of the loci of oppressive social relations – it embodies oppression. Therefore, once again, the body should be seen as one more axis along which social inequalities as well as systems of privileging and power are reproduced. Along with the other axes such as gender, race, class, sexuality and age, the body is a marker in the divide between the powerful and the powerless, those who have a voice and those who don't (Shakespeare and Corker 2002, 2).

It is interesting to note that while feminist, black or gay liberation movements were politicising the body by highlighting the social meanings attributed to bodies, the social model of disability - in many ways the first expression of a disability liberation movement - all but completely rejected

the body's significance and relevance in the struggle for equality.⁵⁶ During the years when the left was devoted to the body in the social construction of race, gender and sexuality, the forerunners of the disability liberation movement were running away from the issue. The social model, terrified by the essentialising gaze of the earlier medical models, rejected the significance of the body altogether.⁵⁷ Nevertheless - and as the proponents of the critical disability theory noticed - if disability is an embodied reality, any attempt to overcome the exclusion of people with disabilities must take into account the bodily dimension of exclusion.

A recent, third approach to the body aims to overcome the blind spots and limitations of solely naturalistic or social constructionist views. Identified by Shilling as the emergent or embodied view of the body, this third way acknowledges that the body is both shaped by the social and can exert its own agency in society (Shilling 2012, 103). Naturalistic perspectives must be acknowledged because while the embodied subject has biological and neurological properties, she is not merely biological matter. She has feelings, beliefs and a reflexive consciousness that constitute the basis of her agency (Capra 2004; Archer 2013). Similarly, rationality is not something that is wired into us. It is both an ever developing activity through which we make sense of the world, and an activity that emerges for the kind of organisms that we are - we reason this way or that way because of the bodies that we have, but also because of the social contexts in which we live and the symbolic systems that we inherit (Johnson 1999, 99; Elias 1991, 171). Building on these developments, Giddens suggested that the body has appeared as the vehicle of new emotional intensities (Giddens 1993). A few years later, Bryan Turner's *The Body and Society* announced the arrival of the 'somatic society – a society within which our major political and moral problems are expressed through the conduit of the human body' (Turner 2008 [1996],

⁵⁶ "Disability has nothing to do with the body" – See Chapter 2.

⁵⁷ On the other hand, while many progressives decried racism, sexism and socio-economic bias, they did not see that their own information systems that relied on reading, writing, seeing, thinking and moving were laden with assumptions about physical or mental normality, rendering them ableist by omission as well. See Davis 1995, 4.

6). We are, as a result, living in societies where the body has come to the fore as a social as well as academic issue and become constitutive of the self (Shilling 2012, 4).⁵⁸

This new focus on the body in social theory has spilled over into political theory mainly via feminist scholars who challenged the mind-over-the-body dichotomy and the mainstream model of the disembodied citizen (See for example Lister and Campling 2003; Yuval-Davis and Werbner 1999; Jones 1990; Hartsock 1983). While the citizenship literature constituted the citizen primarily as an agent who exists and operates in the public sphere and kept the body separate from the citizen, feminist scholarship advocated a thoroughly embodied citizenship.⁵⁹ These developments regarding the body and its move from the periphery towards the centre of political studies will undoubtedly have repercussions for deliberative democratic theory and practice, as individuals - potential deliberators - become increasingly reflexive about their own embodied identities. Therefore it is time to start theorising what embodied deliberative citizenship is, how it should inform our theoretical and practical positions about deliberation, and for the purposes of this work, what the convergence of these two forms of embodiedness – of citizenship and disability – means in particular for the disabled and their inclusion in deliberative sites. The following sections will attempt to answer some of these questions.

⁵⁸ As the health, shape or the appearance of the body becomes the focus of especially visual media, we see that growing numbers of people see their bodies as integral to their highly differentiated and individualised identities, and shape or present their bodies accordingly. This new focus - perhaps obsession - is largely attributed to the growth of cosmopolitan contexts, the proliferation of global and visual media and the internalisation of the body's valorisation as a bearer of symbolic value in consumer culture (Beck, Giddens, and Lash 1994; Roberson and Suzuki 2002; Kim 2010).

⁵⁹ Beasley and Bacchi's works provide a stark example to understand how much prominence has been ascribed to the body in feminist literature in terms of its relationship with citizenship. Their claim is that there are two types of political subjects: those who are in control of their bodies and those who are controlled by their bodies; because "bodies give substance to citizenship and citizenship matters to bodies" (Beasley and Bacchi 2000; Bacchi and Beasley 2002).

Deliberative Democracy is Disembodied

Deliberative democratic theory and its deliberative sites take for granted this mind / body dualism. No account of deliberative democracy takes into account the embodiedness of interlocutors in a deliberative site, or the embodiedness of deliberation itself. In the classical account of deliberation the mind is disembodied, reasoning is logic-like and literal, a manipulation of propositional structures (Johnson 1999, 84). Take, for example, the Discourse Quality Index (DQI) developed by deliberative democracy scholars Steenberger et al to measure the quality of deliberation in a given site (Steenbergen et al. 2003). DQI takes speech as its measure of analysis, which the authors define as “public discourse by a particular individual delivered at a particular point in a debate” (Steenbergen et al. 2003, 27). DQI relies on several coding categories: participation, level and content of justification, respect and constructive politics. The authors use a parliamentary debate to illustrate the coding and analysis of the quality of deliberation. In this illustration two coders first read through the debate transcripts and code the relevant speeches. They then compare their coding and in the case of disagreement read through the speech again until they agree on a particular code.

The authors do not clarify whether they were present or not in the House of Commons during this 5-hour debate, although they indirectly suggest that their analysis relies purely on the published text of the debate.⁶⁰ As a result the embodied aspects of the deliberation that took place in these five hours is completely absent from their analysis. Were there any bodily cues – eye-rolling, shouting or laughing, that would have had an influence on the deliberators? We cannot tell. The authors admit that their model does not account for humour but they do not mention the possibility and significance of the non-verbal and bodily aspects of

⁶⁰ “The above example shows how a discursive text ... can be quantified using the indicators of the DQI” (Steenbergen et al. 2003, 37).

communication such as shouting, laughing, crying, standing up, raising hands (for example in disbelief) and so on. And it is in this sense the body is the absent present in deliberative democratic theory's conceptualisation and analysis of what counts as deliberation. The body is only relevant so far as it enables a speech act or an act of recognition or will. This is simply another incarnation of the mind over body dualism, which elevates the mind over the body: the body slips back into absence.

Despite deliberative democratic theory's neglect of the embodied nature of deliberation and deliberative sites, deliberation is already and inescapably embodied. However the body only becomes noticeable when it forces itself to our consciousness by displaying a visual difference, in particular in the case of those whose differences render them visible in a matrix of asymmetrical power relationships (Shildrick 2002, 49). In the context of able-bodiedness versus disability, the body is revealed "not through the prowess of the strong, but through the troubles of the weak, the ill, the infirm, the wounded, for health is silent" (Fraser and Greco 2004, 20).⁶¹ The attention that feminism, black and gay civil rights movements gave to the body can partly be explained by this realisation that bodily difference engenders asymmetrical power relationships (Fraser and Greco 2004, 2). That is why Haraway notes that while a man's epistemological agency is transparent and objective, it is the woman's – or a coloured person's – body that sets her epistemological agency apart as opaque, not objective, biased and reporting only the self (Haraway 1997, 32). Whitehead observed in as early as 1938, "no one ever says, 'Here am I, and I have brought my body with me'" (Whitehead 1968 [1938], 156). However when the disabled person enters the deliberative site, she does in a way say to those present, "here I am, and I have brought my body with me".

⁶¹ ⁶² This difference can result from a sudden or progressive impairment of one of its functions which interferes with daily activities and disturbs an order we would have otherwise taken for granted.

In Chapter 1, I have suggested that the *ideal speech situation* (along with validity claims) establishes the criteria through which the quality of deliberation and deliberative sites can be understood and acts as a pointer to what perfect communication in a deliberative site would look like. This hyper-rational Habermasian construct betrays all that is wanting in deliberative sites: "participants in the ideal speech situation lead notably disembodied lives" (Keat 1982, 5).⁶² Deliberation in search for consensual decisions is equated with linguistic communication in a narrow cognitivist sense. The significance of human embodiment, emotion or imagination is completely ignored although our experience of both communication and being with others is simply and always an embodied experience (Crossley 1996, 124).

At this point Crossley's reading of how the embodiedness of deliberation relates to what goes on during deliberation is insightful. He suggests that embodiment is actually one of the ways through which systematic distortions are introduced into communication. If Habermas intends that the ideal speech situation will overcome the influence of structural factors like class, status and power, these distortions are usually introduced into communication through the mediation of our embodiment – through speech, accent, clothing, comportment, gesture and bodily attitude, which reveal our background. Moreover, these bodily markers "comment upon whatever else is being said" (Crossley 1997, 31), just like a person's appearance and embodied actions comment upon what it is they say (Paterson 2012, 174). Sometimes the interlocutor shares information expressively. Perhaps she emits or exudes information – instead of speaking it – to someone who gleans it. A raised eyebrow, a pleading look, clenched teeth or an averted gaze are all messages that a sender conveys by means of her current bodily posture or activity. The transmission of such messages will occur only during the time that the body is visible and present to sustain this activity (Goffman 1963; Fraser and Greco 2004, 82). Therefore the

⁶² Similarly, the Habermasian public sphere is also disembodied.

embodiedness of deliberation is not only a given that has so far been ignored, but also a significant factor that has a direct impact on what takes place in the deliberative site.

Deliberative Democracy Assumes Normality

In Chapter 1 I showed how a reproduction of liberalism's assumptions of physical and mental capabilities of the citizen imposes an undue burden on deliberative citizens. In the above section, I suggested that a disembodied construction of deliberative citizen is an illusion since both citizens and deliberation are embodied. This construction, which takes for granted the abled-bodiedness of the individual also designates able-bodiedness as normal, while setting those who are not able-bodied as abnormal. The link between disembodiedness and normality is further reinforced because it is the normality of the citizen that renders him disembodied.⁶³ In this section, I will mention the works of three different authors to explore deliberative democracy's assumption of normality from different angles. Lennard Davis' work on *the normal*, Rosemarie Garland-Thomson's *normate* and Robert McRuer's *compulsory able-bodiedness* provide us with the vocabulary which I use in the later section to explain how deliberative democracy's assumption of normality operates in the illustrative case of a Learning Disability Partnership Board meeting in Gloucestershire.

In *Enforcing Normalcy*, Lennard Davis talks about the introduction of *the normal* to our vocabulary in contrast to *the ideal*. The ideal body existed as the mytho-poetic body that is related to the body of the gods since the ancient Greeks. This body was never attainable by a human; it was depicted in art or imagination as a copy of something that never existed in this world (Davis 1995, 25). The grotesque on the other hand was related to the inversion of the ideal and signified the common people who fell short of that ideal. The concept of norm or the average

⁶³ And vice versa – the abnormal is embodied. As I have discussed above, while the normal body slips back into absence, the abnormal body becomes visible.

for the human body was introduced by the French statistician Quetelet, who thought that the law of error used by astronomers to locate a star and averaging all the errors could be applied to human's physical features. With Quetelet, the average man was born as a physically and morally average construct, and a generalised notion of the normal as an imperative was born (Davis 1995, 23). Imperative, in that, unlike the ideal, the majority of the population somehow had to be part of the norm, and therefore would be evaluated against it.

In my discussion in Chapter 2 on the conceptualisations of disability I have suggested with the Critical Disability Theory approach that it would be a mistake to attempt to identify who is disabled and who is not by using a narrow set of relative values and assumptions of normality, because disability is an extremely fluid phenomenon and every individual's disability is uniquely personal. In Chapter 1, while discussing the liberal notions of citizenship, I have also suggested that liberalism assumes "normal" physical and mental capabilities. The abled-bodiedness of the normal is taken for granted, the normal is privileged over that which is abnormal, and the organisation of society reflects this inevitable privileging. The problem with this assumption is that the "able" body has no definitional core - it is transparently average or normal, and the disabled body is defined only in contrast to this average, as any body that is "outside the norm" (Mitchell and Snyder 2013, 276).

At this point Garland-Thomson's neologism, the *normate* comes closest to accurately describing this citizen. The normate "designates the social figure through which people can represent themselves as definitive human beings. [It] is the constructed identity of those who, by way of the bodily configurations and the cultural capital they assume, can step into a position of authority and wield the power it grants them" (Garland-Thomson 1997, 8). A normate narrowly defined in this sense would leave us with, in Goffman's words, "only one complete unblushing male [in America]: a young, married, white, urban, northern, heterosexual Protestant father of

college education, fully employed, of good complexion, weight and height, and a recent record in sports" (Goffman 1963, 128).

There is a similar, implicit deliberative normate at work within deliberative democratic theory. The deliberative normate has the capacity to deliberate logically, rationally and communicatively. As I suggested in Chapter 1, the deliberative citizen is an able-bodied, transparently average citizen in both the physical and the mental sense. Discussions on the deliberative competence of citizens focus mostly on "normal" citizens, who are again at either end of a spectrum of average.⁶⁴ A construct organised in this way around notions of the normal has the effect of devaluing all other practices and phenomena that fall outside or differ from the norm, designating them as irrelevant, undesired or simply in need of correction (Fraser and Greco 2004, 17). Interventions that challenge a strict view of rationality and seek to expand the definitions of deliberation (e.g. through including passion, emotions, testimony and storytelling; see Chapter 1) in effect try and challenge this very norm and expand it, by presenting a more authentic - albeit imperfect - citizen in contrast to the deliberative normate. This hegemony of normality can also be related to what McRuer calls compulsory able-bodiedness (McRuer 2010). McRuer establishes a link between queer and disability studies based on the pathological past homosexuality and disability share. According to McRuer, just as it is commonplace to talk about heterosexuality's invisibility in queer studies, able-bodiedness - even more than heterosexuality - "still largely masquerades as non-identity as the natural order of things" (McRuer 2006, 1).

⁶⁴ In one of the relatively later texts on citizen competence, Rosenberg discusses basic analytical capacity, capacity for rational evaluation and self-reflection, and communicative competence, yet does not once feel the need to mention that the citizens in question are still average citizens and there is still a whole range of citizens whose capacities are entirely outside the spectrum of the discussion presented in this text. (Rosenberg 2014).

Disembodiedness and Normality at Work

The illustrative case of a Learning Disability Partnership Board meeting in Gloucestershire will help us understand further how the twin issues of disembodiedness and normality operate in a deliberative setting. As I have indicated in the introduction, LDPB meetings are one of the few – if not the only – deliberative sites where the disabled and the able-bodied deliberate together. On 29 January 2014, the "Better Buses Focus Group Meeting"⁶⁵ of Gloucester Learning Disability Partnership Board had a meeting in the Shire Hall, the City Council building. Out of the twelve people present, six were people with mental disabilities and the rest were NGO workers (disability advocates) or council staff, including the integrated transport manager and a cabinet member of the city. The disabled in the room had various degrees and combinations of learning disabilities, speech impediments and dyskinesia⁶⁶, some of which were immediately, while others were less visible.

The purpose of the meeting was to improve the travel conditions for disabled people in Gloucestershire and agenda items ranged from easing the process to obtain bus passes to a more accessible Traveline website, from the new Travel Buddies Scheme to problems with the local Stagecoach Company. The disabled participants had been prepared for this meeting beforehand with the help of disability advocates who worked closely with the disabled community as staff of a local NGO. When it was time for them to present their case (regarding problems they face with the Stagecoach company), they referred to the texts written beforehand. Together they stood up facing the room and started reading their

⁶⁵ "Better Buses" was a one-off sub-committee tasked with exploring the best transport improvement options for people with disabilities. It consisted of people with disabilities, the County's transport manager and two other administrative staff, and a number of representatives from non-profit organisations. It reported to the LDPB chairs.

⁶⁶ Involuntary muscle movements.

presentations in order. Their presentation was not orderly, however, because the first presenter left the room suddenly without explanation just as they were about to start. They had to wait for a few minutes for him to come back. Once they started, some could read the texts with more ease than the others, while one of them struggled with reading so much that he eventually gave up. When one presenter struggled to read a word, the person next to him would try and help. During the same presentation, one of the disabled interlocutors - who was in the audience – started talking about his memories of childhood travels with his friends. Meanwhile, another disabled interlocutor was shaking his head uncontrollably - although it was apparent that he was interested in the presentations.

After the presentation and the following discussion about Stagecoach, another disabled member of the group stood up to present his report on the Travel Buddies scheme, which had been launched to give people with disabilities in Gloucester more freedom and confidence in public transport by providing them with volunteer travel partners from the disabled community. The presenter had prepared a PowerPoint presentation again with the help of a disability advocate. During his ten minute talk the slides on the screen were completely different than the content of his talk – which he improvised at the scene. The disability advocate who co-authored the PowerPoint slides had to intervene multiple times during the presentation, either to help the presenter keep the focus on the content of the slides, or to remind him of things he forgot to mention. During the long presentation some disabled members of the audience were visibly distracted and showed signs of boredom. However the discussion that followed the presentation was livelier, with each interlocutor having the opportunity to voice their opinion on the topic.

A similar reliance on written text for communication is also taken for granted in the monthly LDPB meetings. At the start of every meeting the co-chairs (one disabled, the other non-

disabled) together welcome the participants, present the agenda of the meeting and manage the flow of information throughout the rest of the meeting. Usually the disabled co-chair welcomes the interlocutors and presents the agenda. However she finds it very difficult to read, and in the end the non-disabled co-chair intervenes, guiding her on the text with her finger word by word, making the welcome and presentation quite laborious for both the speaker and the listeners. Yet during the course of the deliberations - when she is not following a text - the disabled co-chair is considerably more relaxed and can communicate her preferences easier.

A number of assumptions became visible in the course of a relatively short deliberative meeting. First, there was reliance on written text.⁶⁷ The assumption that the disabled interlocutors could best present their case by directly reading from a prepared text or using a PowerPoint presentation shows how deeply engrained normalising tendencies can run even those who would identify as allies of the disabled. Compulsory able-bodiedness need not be an institution or organisation forcing the disabled to conform to certain practices by rules and regulations. It may become visible, like in this case, in the assumptions, expectations or visions of how the disabled can or should participate and communicate in a deliberative setting. Again, the intention behind the reliance on text need not be silencing the disabled person, but to regulate the content or the length of the speech as well as her façade, to give the person - and through her to the process of deliberation - an appearance of normality. 17th century English clergyman Thomas Tuke wrote that "the condition of the mind is discerned in the state and behaviour of the body" (Tuke 1616, 17). Here the attempt to bring the deliberating person within the bounds of the normal and help him present himself as close as possible to the normate to maintain an orderly discussion is seen in the attempt to regulate the forms of communication - of the body - with the help of written text, regardless of whether or not communicating through text is the best way of communication for the disabled person.

⁶⁷ Which also reminds us of the reliance of the DQI on written text, as we have discussed above.

While in the above examples maintaining normality is related to regulating forms of communication that are deemed appropriate or acceptable, the body itself is often the signifier for the normal. I remember the first time I entered the Shire Hall to attend an LDPB meeting. I had arrived ten minutes before the start of the meeting, therefore I had to wait in the lobby before being greeted and ushered into the room where the meeting would take place. After only a quick scan of the waiting area I realised I could notice with considerable ease a few individuals who were waiting for the same meeting. The meeting was for the learning disabled and none of the individuals waiting with me had immediately visible disabilities. Yet something in the way they were dressed, the loaded and heavy backpacks some of them carried, and the way some of them paced the room set them aside visibly. Once in the meeting room, the visible difference between the disabled and non-disabled individuals continued. The way they presented themselves was different. Non-disabled individuals were dressed and groomed significantly differently – one could say better – and they had an air of formal confidence. The disabled, on the other hand, were much less formally dressed – some of them were in track-suit bottoms – and they generally seemed to be nonchalant about how they looked. The difference was so striking that there was not a single non-disabled person who dressed like the disabled, and not a single disabled person who dressed like the non-disabled. In another context the difference in looks could have been dismissed as irrelevant. However in this setting, it was the main determinant which dictated who was who, which in turn had an impact on communication. A non-disabled person - with some exceptions – always addressed the disabled person with a polite, smiling confidence, slowly and carefully, perhaps extra diligent to show that they cared about communicating with the disabled person. The disabled persons on the other hand seemed more at ease. Although I was the new person in the room and before I had the chance to introduce myself, both the disabled

and the non-disabled already "knew" that I was one of the non-disabled. I was wearing a button down shirt and a blazer.

De Swaan says "Maintaining normality is hard work. A body must be rested, cleaned, groomed and clothed every day; it must be fed properly and decorously at the correct time, and it must be made to walk the right tracks and talk the right things" (De Swaan 1990, 1). In many settings the failure to present oneself to a gathering in situational harness is likely to be taken as a sign of some kind of disregard for the setting and its participants (Goffman 1963). In the LDPB meetings the non-disabled in the room were more favourable towards the disabled – in a way that would make deliberative democrats proud, they were there to listen and to talk in a way their interlocutors would understand. Nevertheless, it was still these differences in the looks and the attire of the individuals which determined how individuals addressed each other. For the able-bodied at least, the appearance and presentation of the disabled body set the tone in a deliberative setting. This difference in addressing can be said to be done in good faith, with the intention to understand and to be understood clearly, or in a patronising, or even worse, manipulative way. Therefore regardless of the intention of the ensuing communication, what is important to note here is that the bodily difference first divides the visual field into two - between those who are normal and who are not – and then influences how interlocutors address each other. And this is precisely why the embodiedness of deliberation and its impact must be acknowledged, studied, and responded to as a significant element of what takes place in the deliberative site.

II. Employing Embodiedness for Inclusion

In the above sections I have discussed the embodiedness of citizenship and deliberation, and set them against deliberative democracy's disembodiedness and its assumption of normality where

deliberative citizens are concerned. I have shown how the relatively recent literature on the body should contribute to our understanding of deliberation. I have also illustrated how a deliberative event that is unaware of its normalising tendencies can fail to engage the disabled interlocutors in meaningful deliberation and leave the voices of the disabled outside deliberative decision making processes.

Following and expanding on Clifford 2011, at this point I suggest employing the embodiedness of disability as a political claim to make visible and overcome the exclusion whereby the unexpected presence of the embodied citizen becomes a demand for recognition and voice in the deliberative site. The sheer presence of the embodied citizen in the place that it is not expected to be present constitutes a political act which strongly communicates – performs if you will – the inaccessibility of that site.⁶⁸ In this view the disabled citizen – far from being dismissed as irrelevant or incompetent – becomes the very means of a struggle for inclusion. The political significance of the body is neither new for activists, nor is it limited to the experience of disability. To count but a couple of examples, Rosa Parks' refusal to give up her bus seat to the white man in 1955 was a bodily act of resistance and confrontation that highlighted the oppression that African American citizens faced daily. Similarly, when in 1990 American disability rights activists left their crutches and wheelchairs behind and crawled up the stairs of the Capitol – a direct action which is now famously known as the Capital Crawl – to encourage the passage into law of the Americans with Disabilities Act, it was the embodiedness of their disability that became both the focus and the means of their direct action. Both cases are examples of activists employing the unexpectedness of their bodies to make a political statement about inclusion / exclusion.

Similar acts of claim making are also acknowledged beyond the world of activism, in political science literature. Isin's work on *acts of citizenship* and Munoz' work on *disidentification* follow

⁶⁸ Inaccessibility need not to be a result of physical access barriers, and disability not a physical disability, as the context makes clear.

similar ideas in two separate tracks. For Isin, citizenship itself is defined by dynamic struggles over rights rather than membership. He summarizes the binding thread of investigations of these struggles in *acts of citizenship*, which have four main characteristics. First, actors are not conceived of in advance as to their statuses, but instead come into being as citizens through enactment. The subjects that are not citizens act as citizens by constituting themselves as those with the right to claim rights. Second, acts that articulate claims produce new sites of contestation, belonging and struggle. He counts bodies, streets, networks as potential sites of contestation for citizenship. Third, acts of citizenship involve multiple and overlapping scales of contestation, belonging and struggle. Finally, acts of citizenship shift the focus from what people say to what people do (Isin 2009, 371; Isin and Nielsen 2008; Isin 2012, 108 - 135).

Following this construction of citizenship, people with disabilities can constitute themselves as deliberative citizens by virtue of entering into deliberative sites with their embodied selves, regardless of whether the demands of the site accept them, extend them an open invitation or not. Imagine, for example, in the case of the British Columbia Citizens' Assembly mentioned in the previous chapter, the possibility of citizens with disabilities demanding to be included in the deliberative site rather than being content with access to web forums (Pearse 2008).⁶⁹ Deliberative sites then become the very sites of contestation for people with disabilities, where they start challenging the ableist norms of deliberative practices that leave them outside deliberative decision making processes. Their embodiedness becomes a site of contestation simultaneously, as both people with disabilities and their able-bodied counterparts attempt to make sense of this new, embodied citizenship and embodied deliberation.

Jose Munoz on the other hand focuses on identity as a site of struggle where essentialised, fixed positions clash against socially constituted definitions. Identity is produced at the point of contact

⁶⁹ In the British Columbia Citizens' Assembly people with disabilities were expected to contribute to the deliberative decision making process through web forums. See Chapter 1, "Exclusion in Practice".

between essential understandings of the self and socially constructed narratives of the self (Munoz 1999, 6). Munoz's concerns in his work are the essentialised identities that the cultural logics of heteronormativity, white supremacy or misogyny form. His response to these logics is disidentification - public enactments that contest the hegemonic supremacy of the majoritarian public sphere. These performances provide a moment of negotiation where deviant identities arrive at representation by jolting the social order:

Disidentification is meant to be descriptive of the survival strategies the minority subject practices in order to negotiate a phobic majoritarian public sphere that continuously elides or punishes the existence of subjects who do not conform to the phantasm of normative citizenship ... Thus, disidentification is a step further than cracking open the code of the majority; it proceeds to use this code as raw material for representing a disempowered politics or positionality that has been rendered unthinkable by the dominant culture." (Munoz 1999, 4).

Although Munoz's focus is on queer identities, there is an intriguing link here between his queer subjects and disabled individuals because as we have seen in Chapter 1 the disabled identity has also been located between the essentialising gaze of the medical model and the social model of disability, which sees disability as completely socially constructed. The disabled can respond to this in various ways.⁷⁰ First, they can accept to identify with the dominant discourse - in our case the discourse that renders them unable to become part of deliberation. As a result their exclusion from deliberative sites would continue, they would stay invisible to deliberative democratic theory, as they already are. This response brings us back to the problem we have found in random sampling for the recruitment of deliberators. We have noted that even when deliberative democrats take into consideration disadvantage and the minority voice, their stratification has so far been blind to disability. However, even if they finally decided to include or even over-represent the disabled, in light of the physical and social inaccessibility of deliberative sites and the stigma that people with

⁷⁰ Adapted from Michel Pecheux's classifications regarding good and bad subjects (Pecheux 1983).

disabilities face, it would be highly unlikely for the disabled to accept the invitation to deliberate.⁷¹

A second response is rejecting the dominant discourse - counteridentification - perhaps similar to the way the social model did. The social model rejects the location of disability in the person as we have seen, and its stricter versions reject the relevance of the body for disability altogether. In terms of participation in deliberative sites this response would constitute a dead-end, since the social model's rejection of the body, coupled with deliberative democracy's disembodiedness and narrow understanding of what constitutes deliberation, would still render the disabled speechless even if they were in a deliberative site.

The third response, disidentification, can work as a feasible strategy against the dominant exclusionary discourse. The disabled can carve up for themselves an in-between space from where they can challenge both the essentialist and social constructionist accounts of disability – a space where both the embodiedness of their experience is acknowledged and the demands of deliberative democracy are challenged. They can be present in deliberative sites, not necessarily with the identities and performances expected from "normal" deliberative citizens, but with their different, disabled, unruly, and certainly visible identities. As a result they perform a meditation on what it means to be an embodied, disabled deliberative citizen.

What, then, can an act of citizenship that poses the disabled body as a political claim, or disidentification that challenges deliberative norms achieve in the deliberative site? What can the embodied presence of the disabled citizen do, for the inclusion of people with disabilities in deliberative sites?

⁷¹ Regardless of disability, response to the invitation to deliberate has always been low, as mentioned in Chapter 1. See for example Snider 2008 on the British Columbia Citizens' Assembly.

First, embodied presence makes fellow citizens accessible, available and subject to one another.

First of all, the embodied presence of the disabled person in the deliberative site alongside the non-disabled makes fellow citizens accessible and available to one another (M. Fraser and Greco 2004, 83). In Chapter 2, I recounted how societies' response to disability has been one of stigmatisation, exclusion or relegating disability to somewhere neither in nor out. People with disabilities are not shut into asylums anymore (at least in the Western world), and the fantasy of a ship of fools is distant. However similar themes of avoidance, distance or management are still some of the themes that characterise the encounter between the disabled and non-disabled persons Garland-Thomson suggests that the initial exchanges between the normate and the disabled differ markedly from exchanges that take place between non-disabled people (Garland-Thomson 1997, 12). The encounter requires a much more demanding and perhaps awkward organisation and interpretation of information, as my reflections in the above paragraphs regarding how the non-disabled interact with the disabled also confirm. In fact, regardless of the context, social interaction between the normal and the stigmatised is described as "one of the primal scenes of sociology where the causes and effects of the stigma must be directly confronted by both sides" (Goffman 1990a, 13).

Let me offer an autobiographical account of the first time I walked into a mental asylum in Ankara, Turkey. The institution that housed hundreds of people with physical and mental disabilities displayed all the stereotypes about a mental asylum. Cold, barren floors and walls, barred windows, long and dark corridors, a peculiar smell in the air - a mix of chemicals and bodily fluids - and "patients" - either visibly disturbed and sometimes screaming, or subdued by drugs. I remember not wanting to touch anything - anyone - and taking a long shower when I arrived at home at the end of the day. A few weeks later I started managing a disability charity in partnership with the institution, which meant that I

had to visit the asylum a few times a week. In the short course of a couple of months I no longer found it difficult to address or chat with people with disabilities. The peculiar smell in the air “disappeared” in time. Being in the same closed space was not any different than being in the same space with a non-disabled person, and the odd touch on the arm did not startle me as it would have done in the beginning. As a non-disabled person, sharing the same space regularly with disabled persons was instrumental in removing the distance that was caused by unfamiliarity, stigma and my own ableist prejudices. Although the experience I recount above is quite extreme, the point is clear. In most cases, the non-disabled see the disabled person as *all body*. Garland-Thomson summarizes my experience in the institution in her own words:

“In a first encounter with another person, a tremendous amount of information must be organised and interpreted simultaneously: each participant probes the explicit for the implicit, determines what is significant for particular purposes, and prepares a response that is guided by many cues, both subtle and obvious. When one person has a visible disability, however, it almost always dominates and skews the normate’s process of sorting out perceptions and forming a reaction. The interaction is usually strained because the nondisabled person may feel fear, pity, fascination, repulsion or merely surprise, none of which is expressible according to social protocol. Besides the disconcerting dissonance between experienced and expressed reaction, a non-disabled person often does not know how to act toward a disabled person. Perhaps most destructive to the potential for continuing relations is the normate’s frequent assumption that a disability cancels out other qualities, reducing the complex person to a single attribute” (Garland-Thomson 1997, 12).

While the stigma, avoidance and distance may dehumanise the disabled person, encountering one another and sharing the same space helps re-humanise the disabled in the eyes of the non-disabled. This encounter is especially significant when surveys like the Scope survey I quoted above tell us nearly half of the able-bodied people surveyed do not know anyone with disabilities, and two thirds would feel uncomfortable in their presence (Scope UK 2016). In contrast, when persons are present to one another they function not merely as physical beings but also as communicative ones. Moreover, this is not a learning or overcoming

process for only the non-disabled, as the encounter can often also teach the disabled person how best to interact with the non-disabled.

Being copresent can also change the disposition of the non-disabled majority to the disabled minority. In Chapter 1, I reflected on how a liberal conceptualisation of citizenship and the image of a deliberative site made up of autonomous, self-interested, able and contracting individuals is inadequate to account for difference between citizens and to provide an adequate ground for mutual respect, understanding and reciprocity to develop where there are irreconcilable communicative or cognitive imbalances between interlocutors. I have also suggested that a shift needs to be made from the disposition of a contracting citizen to the disposition of a caring citizen, because an ethics of care is a more appropriate framework and disposition for interlocutors in order to redress the imbalance of power due to cognitive difference and to provide the ground on which mutual respect, understanding and reciprocity can be built for the inclusion of people with disabilities in deliberative sites.

At the practical level, co-presence can initiate this kind of shift from self-interested to caring. The disabled body enters the deliberative site as a vulnerable body, exposed to the gaze of the non-disabled especially in the first encounter(s). Turner says human vulnerability is the foundation of common human experiences and interests (Turner 2008, ix). However - and perhaps because of that - the response to vulnerability is almost always a caring response. As Goodin observes, vulnerability creates a moral obligation to respond (Goodin 1986, 110). The caring response to vulnerability was first brought to my attention during a LDPB meeting in the Shire Hall, Gloucester. It was ten minutes into the monthly meeting and the non-disabled co-chair was addressing the audience made up of both disabled and non-disabled members when a disabled member of the partnership board walked into the room, late. Her visible disabilities affected her mobility as well as her speech. Seeing her enter the room, and

while she was slowly walking to her chair, the co-chair stopped talking and went to the back of the room to pour some tea and served her with biscuits. Having made sure the late member was comfortable, the co-chair then walked back to the front of the room and continued with her talk.

When I reminded the co-chair of this short disruption to the meeting a week later and asked her to reflect on it, she did not even have a clear recollection of what she did - it was, in her words, very natural to do that, she didn't even see it as something extraordinary until I brought it up. At that point I asked her whether she had ever done a similar thing in a council meeting room where only the non-disabled professionals were present. Would she stop her talk to serve some tea to the person who arrives late? Her answer was "of course, no", on the contrary she would probably be annoyed at the late arrival of the person. Human vulnerability, visible in this example in the form of disability, opens up a space of caring for fellow humans, where individuals are inclined to attend to each other's needs and voice. In this space individuals can become accessible and available to one another. A deliberative site where the disabled are present alongside the non-disabled can become the space where mutual respect, understanding and reciprocity develops instead of distance, avoidance, fear and stigmatisation.

Second, embodied presence spatializes the deliberative site.⁷²

Second, the embodied presence of the person with disability spatializes the deliberative site. The spatiality of the deliberative site is a surprisingly underdeveloped topic.⁷³ Space is not a contextual given and the deliberative space, as any space, is always created and organised. Any attempt to narrate the deliberative site which ignores the significance and even urgency of this physical and spatial dimension will be incomplete (Soja 1989, 24). Seen this way, the deliberative

⁷² The discussion on spatiality is taken up in detail in Chapter 5.

⁷³ Parkinson emphasizes the importance of "physically going" to perform a political act (e.g. voting) and being physically present and visible in a public place, however does not develop this idea further to include the significance of the spatial arrangements in a deliberative setting. See Parkinson 2012 and Parkinson 2016. Also see Goodin 2012, 93.

site is not merely the space within which the relationship between the able and the disabled express themselves, but also the sites within which these relations are constituted.

The arrival of a disabled body problematizes the workings of the deliberative site which in any other sense might appear to be neutral, independent or idealised: who is included and who is not included, who has access, how the space is organised, who is promoted or relegated to which corner or position in the deliberative site and so on. Therefore a visual – spatial analysis of the deliberative site gives us clues to how we create difference, in this context between the able and the disabled (Cresswell 1996, 154). When present in deliberative sites, people with disabilities might once again discover their status by means of the spatial arrangements, behaviour of the able in their gestures, in the nervousness they might exhibit, in their avoidance of eye contact or the distance they keep (Young 2011). Just as the disappearance of the body as the customary mode of daily life is disrupted by such factors as impairment, pain or disease, the sudden and unexpected appearance of the disabled body in the deliberative site opens up the whole site to the experience of the body (Paterson and Hughes 1999, 602). In other words, with the arrival of one unruly body, the whole site – which is otherwise disembodied – becomes embodied.

Third, embodied presence politicises the deliberative site

Through spatializing the deliberative site, the embodied presence of the person with disability re-politicises the deliberative site that is restricted and de-politicised by reason, and enacts the person as a political subject (Prokhovnik 2014, 477). The confrontation and even rupture caused by the arrival of the unruly body is almost always messy. The civil image of the deliberative site gives way to one of unusual sounds, less controlled physical movements, slow speech, individuals who walk around when they should be sitting, who erupt in loud laughter when they should be silently listening, who talk about their bus journeys with childhood friends when they should be talking about their preferences on new transport options.⁷⁴ But then inclusion is messy. The

⁷⁴ Some of the behaviours I witnessed in person during Learning Disability Partnership Board meetings.

embodied presence of disability in the deliberative site is perhaps none other than democratic life the way Rancière sees it - a democratic life that constantly disturbs and challenges the democratic structures for voice and space (Rancière 2010, 36). Rancière makes a distinction between politics and the political. Politics for him is the set of procedures whereby the organisation of powers, the distribution of places and roles, and the systems of legitimising this distribution is achieved (Rancière 2004, 28). Whereas politics stands for the orderly space and polices the status quo, the political is the constant struggle that highlights and challenges the status quo that is otherwise presented as the natural order (Deranty 2003, 1145). It is always a demand for recognition and justice that challenges and disrupts the wrong order and logic of the police by a different logic, that of equality and recognition. To be political is to appear in the space of non-recognition. Interestingly, Rancière often explains the relationship between politics and the political in spatial terms:

“Political activity is whatever shifts a body from the place assigned to it or changes a place’s function. It makes visible what had no business being seen, and makes heard a discourse where once there was only place for noise; it makes understood as discourse what was once only heard as a noise” (Rancière 2004, 30).

While what Rancière talks about here is not the disabled body in the deliberative site, we are tempted to read the text literally, with the question of disability in mind. Using his terms, rationality – which was meant to protect the interlocutors from power games in the first place – has become the de-politicising police of the deliberative site. It has come to represent order and civility rather than transformative or emancipatory equality. Remember how New York Daily columnist Pete Hamill associated deliberation with order in his report on the 21st Century Town House Meeting (Lukensmeyer and Brigham 2002). When the disabled, unruly body appears on the deliberative site with its refusal of conventional order, it puts the police to an egalitarian test. The disabled body itself becomes an intervention in the visible and sayable (Rancière 2010, 27). At this very encounter

between the unruly body and rationality we find the political. The arrival of the disabled body re-politicises the deliberative site.

Fourth, embodied presence performs deliberation.

Finally, the embodied presence of the person with disability performs deliberation. The physical presence of the person with disability can be understood as speech where the disabled person cannot reason by speech. To develop this point, consider J. L. Austin's speech act theory and his development of the idea of performative utterances. Austin argues that we can cast aside the difference between saying and doing because often to say is to do. The kind of utterance that performs an action when issued is called "performative", because "the issuing of an utterance is the performing of an action" (Austin 1976, 6). Moreover, performative can be void of an explicit grammatical form. Not only verbal utterance, but silence can also efficaciously enact a command, and therefore qualify as a linguistic performative to the extent that it is communicative.⁷⁵ In this context, I suggest inverting the equation that Austin and Searle develop between speech act and performance, to argue that "the performing of an action is the issuing of an utterance" (Searle 1969). In our context, the embodied presence of the person with a disability communicates – or performs – such an utterance, in that it brings the interlocutors in deliberative sites face to face with the exclusion and the stigma of the disabled.

Embodied presence highlights exclusion by making it visible. Disability does not exist in the deliberative universe until the person with disability appears in the deliberative site. Before she arrives in the space where her unruly presence is not expected to be, there is no exclusion to speak of. However when she becomes present and visible, the exclusion of those with disabilities comes to the fore. Her embodied presence deliberates by performing exclusion.

⁷⁵ ⁷⁵ See, for example, "masqueraders" (Austin 1976, 4).

There are strong grounds for deliberative democrats to embrace the notion that communication is embodied as much as it is linguistic. Through this embodied communication, the privileged – in this case the able-bodied – become aware of their habitual actions and stereotypes that contribute to the exclusion of the disabled, because the embodied presence of the person with disability forces the interlocutors to pause and think about the meaning of her presence in their midst and respond to this presence. As Sandahl and Auslander observe, despite the fact that disability is a ubiquitous human experience, people with disabilities almost always seem to cause a commotion in public spaces. An encounter with disability elicits surprise, attracts attention. It is a cause for pause and consideration. Disability inaugurates an act of interpretation by functioning as a signifying difference. Therefore in daily life, “disabled people can be considered performers, and passers-by, the audience” (Sandahl and Auslander 2005, 2). In this sense, embodied presence perhaps becomes the opening line of deliberation: “Although I have been excluded, I am now here – I exist, and I have things to say”.

This political appearance is necessary for those who are invisible and have no access to the spaces of recognition and speech. Using Nield’s words, “one must take one’s place in order to be able to speak” (Nield 2016). Judith Butler, following Rae Langton, provides further insight into the meaning of this appearance. In a situation where the ability to perform speech acts is a measure of citizenship, an inability to perform speech acts that one might otherwise wish to perform is one mark of powerlessness (Butler 1997, 86; Langton 2009). Therefore the embodied presence of the person with disability as performance turns the body from a powerless object which is merely a biological container – that is perceived as a faulty one, from a medical point of view – into an experiencing and communicating agent, a citizen that is amongst and in relation with other agents. This embodied agency becomes a

mark of power, a voice that exposes the limits of universality – in this case of disembodied reason – and challenges the voicelessness of those who are rejected by that universal.

What, then, do these insights mean in practice for the inclusion of the disabled in deliberative sites? A number of practical steps come to mind. First, deliberative democrats must take into consideration and take seriously the embodiedness of deliberation. This will mean different things in different contexts. For scholars of deliberative democracy, for example in the context of an evaluation tool like the Discourse Quality Index, this will mean acknowledging that while deliberation is talk-centric, it is not all talk. Therefore any attempt to measure what happens during deliberation must take into account the embodied aspects of deliberation. For practitioners of deliberative democracy, for example organisers or facilitators of citizens' assemblies, mini publics and so on, this will mean not simply relying on random sampling, not even stratified random sampling, but making sure that people with disabilities appear in the deliberative site by the use of quotas and similar proactive measures. For people with disabilities and their allies, this will mean not to be content with being excluded or relegated to a segregated space, but demanding to be included in deliberation physically just like every other deliberator.

Conclusion

In this chapter I focused on the embodiedness of the disability experience and deliberation, and explored the ways in which this embodiedness can contribute to the inclusion of people with disabilities in deliberative democracy. The discussion on the arrival of the body in political science by way of anthropology and sociology showed why conceptualising the body and the body itself are significant for our purposes. While the body is significant, the present understanding of disembodied deliberation, and the expectation – or demand – of normality results in the exclusion of the disabled from deliberative sites. I challenged this understanding by showing how

all communication is embodied, and suggesting a number of ways how the embodiedness of the disabled body in particular can be the means for a more inclusive deliberative site that takes into account the voices of not only the average deliberators, but of citizens with different cognitive and physical abilities.

Much of deliberative democracy's emancipatory potential lies in its deliberative sites' role as spaces of political appearance and inclusion. For marginalised people, deliberative sites can be one of the few spaces where their interests are brought to public discussion. Therefore political presence is especially necessary for those who are invisible and have no access to the spaces of recognition and speech like deliberative sites. That is why, quoting Nield, "one must take one's place in order to be able to speak" (Nield 2016, 131) Place taking can be emancipating not only for people with disabilities, but for others who might also be - at least partly - marginalised due to the corporeal differences they bring to deliberative sites. Differences based on class, gender or race almost always have a visual element that disrupts the uniformity of the deliberative site. Therefore the embodiedness of these forms of marginalisations should also be investigated.

Finally, although embodied presence communicates a great deal and therefore performs deliberation, admittedly it cannot communicate preference. Presence still needs to be translated into preference. How, then, can the preference of the person, whose cognitive or physical disability prevents her from communication, be made present in the deliberative site along with her? If deliberative sites are spaces of transformable and endogenous decision-making, how can the preferences of people with communication disabilities both contribute to and be transformed in the decision making process? I will explore the answers to these and other questions in the next chapter.

CHAPTER 4

Deliberative Perspectives

Introduction

In the previous chapter I have discussed how political appearance and visibility of the body in general, and the physical presence of people with disabilities in deliberative sites in particular are significant for the inclusion of the disabled in deliberative sites. I have reflected on how this embodied presence can turn an otherwise excluded and even forgotten individual to a communicating citizen. I have suggested that the inclusion of the perspectives and preferences of people with disabilities in deliberative democracy should start with their physical inclusion in deliberative sites, because embodied presence constitutes deliberation in many ways.¹ However presence itself cannot constitute deliberation fully, because its epistemic contribution is limited and possibly ambiguous. Presence can be the first step to bringing the perspectives of people with disabilities into the deliberative site, however it cannot communicate clearly their preferences in deliberative settings – presence itself cannot reason. That is why, while "one must take one's place" in the deliberative site, the place taking must also be followed by reasoning, by some form of communication that clearly conveys to all interlocutors the perspectives and the preferences of those who are present in the deliberative site.

This chapter is a defence of disability inclusive deliberation from an epistemic point of view. It claims that the physical presence of people with disabilities in deliberative spaces goes beyond the claims of the previous chapter and brings an epistemic superiority to the deliberative decision making process, consequently leading to epistemically better outcomes. It explores how then, the perspectives and preferences of those whose cognitive or physical disabilities prevent them from deliberation can be included in the deliberative opinion formation process, and how this inclusion will lead to better outcomes. To

put it another way, the goal of this chapter is to move from physical, perhaps initial inclusion of the disabled to a more substantial inclusion, whereby the perspectives of the disabled are brought into the pool of all perspectives in the deliberative site, and the reasoning as well as the preferences of the disabled are given as much consideration as those of others.

A discussion on deliberative reasoning and opinion formation especially in the face of physical and cognitive difference cannot avoid addressing the question of deliberative competence, or more accurately the perceived deliberative competence of the interlocutors. In the first section below I tackle this question and suggest that full deliberative competence, and its derivative, perfect reasoning, are simply myths. All deliberative sites are already cognitively diverse regardless of whether one or some of the interlocutors are medically diagnosed with a disability or not, and the deliberation of the physically or cognitively disabled with the non-disabled is not a case of setting the deliberatively incompetent up against the competent. Instead, all interlocutors are located on a wide spectrum of cognitive and deliberative differences and abilities, and disability is only one marker among many others that determine where an interlocutor is found on the deliberative competence spectrum.

After establishing that deliberative competence is not an absolute which some people have and others have not, in the following section I take a deeper look at opinion formation in the presence of cognitive diversity. I explore how the presence of people with disabilities in the deliberative site and in particular the encounter between disability and able-bodiedness contributes to the epistemic superiority of inclusive deliberation. I discuss how the initially limited epistemic contribution of the physical presence of people with disabilities becomes more significant and substantial by expanding the pool of perspectives available for endogenous opinion formation and how this presence can lead to better outcomes in terms of epistemic quality. I also suggest that a particular set of socio-psychological responses triggered by the encounter between

disability and able-bodiedness are also instrumental for the opinion formation and transformation process. Here I also discuss the socially significant by-products or secondary benefits of this physical presence: the social bonds that inclusive deliberation fosters between citizens.

The third section focuses on the implications of the ideas brought up in the first two sections and explores how these ideas can be put into practice. Here the main issue that needs to be addressed is how the perspectives and the preferences of the disabled can be legitimately and adequately represented in cases where the disabled cannot directly deliberate due to communication barriers. In this section I suggest that the answer should be sought in human interdependence in general, and the care relationships people with disabilities find themselves in particular. Informed by the discussion on care ethics in Chapter 1, I argue that relationships of care can be potential bases for representational claims or mutual enactments of citizenship, whereby the disabled are physically present in deliberative sites with the persons who care for them as communicative-others who share and represent their perspectives, and who act as translators of their preferences. In this section I introduce a number of cases and scenarios to show whether or how communication barriers can be overcome in different degrees with the help of non-disabled representatives of the disabled in the deliberative site.

I. Deliberative Competence and Epistemic Superiority of Cognitive Diversity

At the outset two important points that are critical for this discussion at the intersection of deliberative competence, cognitive diversity and epistemic superiority need to be established. First, no interlocutor is fully competent in deliberation and all deliberation already takes place between cognitively diverse interlocutors. Second, cognitive diversity is

not only inevitable, but should also be celebrated because of its role in enriching the epistemic quality of decisions.

Any discussion on what happens when the disabled and the non-disabled share the same deliberative space and how the presence of disability interacts with opinion formation should immediately acknowledge the essentialist trap that constructs the competencies of the disabled and those of the non-disabled as fixed. We have already established in Chapter 2 that no single disability identity exists and disability is a fluid category. What follows is that people with disabilities have a range of competencies that are unique to each individual. The same is true for individuals with no disabilities. Complete rationality and complete deliberative competence are improbable for any interlocutor. Any individual's physical and cognitive abilities will be different and relative, regardless of whether the individual is medically diagnosed with a physical or cognitive disability or not. Individuals' causal reasoning is often distorted by their own perceptual biases, leading them to see and notice some things more readily than others, to attribute to them more causal influence than others or to ignore some relevant information altogether (Rosenberg 2014; McArthur 1981; Ross 1977; Kahneman 2012). Similarly, most people's reasoning is more piecemeal rather than integrative, more concrete rather than abstract. They may often have multiple, even conflicting opinions on a given topic. This might mean that their view of facts is influenced by their own perceptions and preferences, once again leading to a problem of bias. As Uhlmann et al note, people reason less like judges who assess the evidence before arriving at conclusions, and more like attorneys who start from the conclusions and then seek evidence to support that conclusion (Uhlmann et al. 2008).

Yet discussions on deliberative competence tend to treat competence as fixed, implying in the language used that an individual either has full competence, or lacks it altogether. When Cohen says, for example, that “no one with the competency to speak and act may be excluded from discourse”, he does not leave room for a sufficiently broad spectrum of competencies regarding speaking or acting – does stuttering, for example, count as a lack of speech competency? (Cohen 2002, 23). What about public speaking anxiety? Critics of deliberative democracy’s cognitive demands – many of them noted in previous chapters – follow the same pattern: most people do not have deductive skills, they lack the capacity of self-reflection or rational evaluation (Kim, Wyatt, and Katz 1999, 370). A more accurate assessment of deliberative competence would have to adopt a less monolithic and more nuanced attitude towards competences and admit that none of the interlocutors in a deliberative site - regardless of whether they are diagnosed with a cognitive disability or not – fully have the logical, integrative or reflective skills and abilities that deliberative democrats characteristically demand. Consequently, in a scenario where the disabled and the non-disabled share the same deliberative space, positing that deliberation would be taking place between fully competent and fully incompetent interlocutors would be misleading.

Cognitive diversity does not necessarily imply the existence of cognitive problems or disabilities either. People see the world in a variety of ways, which affects their interpretation of the world, the problems that they see in it, as well as working out the solutions to these problems (Landemore 2012, 1211). Hong and Page mention different aspects of cognitive diversity: the diversity of perspectives (ways of representing problems), diversity of interpretations (ways of categorising perspectives), diversity of heuristics (ways of coming up with solutions to problems) and diversity of predictive

models (ways of identifying cause and effect) (Hong and Page 2001; Page 2008). As a result when interlocutors come together to deliberate, they represent the same question in different ways, interpret and categorise the answers based on their own perspectives, see different cause and effect relations in the issues which lead them to different answers.⁷⁶ Research suggests that these diversities lead to better solutions to problems than the solutions of a group of “cleverer” interlocutors, because interlocutors with identical or similar cognitive capacities would look for answers in the same area of the problem space (Page 2008; Hong and Page 2001).⁷⁷

In the context of deliberative decision making processes Hong and Page's findings mean that the deliberation of a group of individuals with varying cognitive skills and abilities (like ordinary citizens) are preferable for superior outcomes to the deliberation of a group of individuals with higher yet similar cognitive skills and abilities (like a select committee of professionals). Two illustrative cases from two different deliberative meetings reinforce the point.

In January 2014 I attended "Better Buses Service Group Meeting", a small deliberative meeting that was called to identify and solve some of the problems people with disabilities faced in public transport in Gloucestershire. Gloucester's integrated transport manager, one cabinet member and a few other council officials were in the same room with representatives of two disability NGOs, learning disability partnership board members and people with learning disabilities. The meeting was convened to discuss possible improvements to the bus transport system, to make bus transport more accessible for people with disabilities. One of the issues that was brought up in the meeting was the complexity of the bus transport system for people with mental disabilities. People with learning disabilities were generally confused about bus routes, found bus travel very challenging, and as a result were further isolated from society.

⁷⁶ Here we must make a clear distinction between cognitive diversity and diversity of preferences – what people want or prefer is always going to be different (and an outcome of various factors) regardless of their cognitive skill sets.

⁷⁷ For a critique and refusal of the model that Hong and Page used to arrive at their diversity trumps ability theorem in recent years see (Thompson 2014).

Different solutions to the problem were proposed: putting up large, easy read versions of bus route maps at the bus stops, publishing similar booklets for the learning disabled, simplifying the transport website and adding an easy read version, adding QR codes on bus stops and booklets, training the bus drivers to help people with learning disabilities at bus stops and so on. Each solution proposed was either deemed too expensive by officials or too impractical as a real solution by people with disabilities. Finally, one disabled participant suggested that colour-coding the transport routes, buses and bus stops could possibly simplify the transport experience for people with learning disabilities. The idea had a precedent – London Tube lines are colour coded – and was relatively cost efficient. While it would take a while to lay out the plan completely, the idea was welcome by everyone in the room as the most feasible and practical solution to the challenges that people with learning disabilities face using the transport system. The most viable solution was proposed by an interlocutor with a learning disability, not by an expert or a professional whose job it was to create solutions to transport problems.

Landemore recalls a similar case where a series of deliberative meetings were held in a New Haven neighbourhood called Wooster Square. The area had a recurring problem of mugging at a particular bridge crossing. Various solutions were suggested in these meetings – the police force representative suggested posting of a police car by the bridge, but muggings continued when the car was not there. Somebody suggested installing lights on the bridge, however a City Hall representative explained that the high voltage system under the bridge made it impossible to use electric lights on the bridge. It was an ordinary citizen who then suggested the use of solar lights, but the City Hall accountant pointed out that the city could not afford solar lights due to their high cost. Finally a participant, an ordinary citizen suggested that the city could apply for federal funds to cover the cost. In the end the city purchased solar lamps funded by the federal government, and no mugging has been

reported since then. Once again the most viable solution came from an ordinary citizen, and not from an expert on the topic (Landemore 2012).

Cognitive diversity is not a weakness in either case to arrive at good solutions that all can accept. On the contrary, it is this diversity that brings to the deliberative site a wide and creative range of opinions, options and solutions. We also have to accept at the outset that the answers agreed on as a result of deliberation are never absolute, incontestable answers that had been waiting to be discovered. Rather, they are the result of a process of give and take which reflects the preferences of interlocutors which are by definition open to transformation and evolving. Therefore we must also acknowledge that there is no way of knowing whether a particular decision reached by an inclusive deliberative process will be better than a decision reached by using different democratic (or even non-democratic) processes. An epistemically superior decision cannot be perceived to be better based on perfect outcomes unless we have access to all possible alternative and hypothetical outcomes – which in turn is impossible. As Parkinson observes, if the only concern were arriving at the absolutely right decisions, we would need to consult the elites or technocrats instead of the reflecting public who are affected by those decisions (Parkinson 2012, 27).

Instead, the epistemic superiority of a decision is an outcome of the intrinsic as well as the procedural epistemic elements of deliberation. In this regard deliberation as a democratic procedure first has an intrinsic value that is independent of the quality of its outcomes (Estlund 2009, 82). This value comes from the concern for the deliberative decision making process to be inclusive, other regarding and between equals – described by Marti as “equal political autonomy” or “equal consideration” (Marti 2006; Christiano 1997; Cohen 1996; James Bohman 1996; Gutmann and Thompson 1996). My insistence on the physical inclusion

of the disabled in deliberative sites as a first step converges with this intrinsic value of inclusion.

The idea that inclusion of more voices leads to better outcomes is hardly new or novel. In her treatment of the epistemic procedural case for democratic decision making Landemore finds a strong case for what she calls "collective intelligence" in Protagoras' universal political wisdom, Aristotle's wisdom of the more, Machiavelli's vox populi as vox Dei, Spinoza's rational majority, Dewey's social intelligence, Hayek's distributed knowledge of society and so on (Landemore 2013). The epistemic procedural justification suggests that the wider the range of opinions in the deliberative site, the better the outcomes will be (Bohman 2006, 176). It then follows that the inclusion of a wider scale of perspectives is preferable to a narrower scale of expertise, and group reasoning is better than individual contemplation or internal reasoning.⁷⁸ The idea that diversity matters much more than individual competence in the context of problem solving is again mentioned by many. J.S. Mill advocated the representation of a diversity of interests and opinions in a representative assembly, which he called a "Congress of Opinions". This assembly, he said, should include "a fair sample of every grade of intellect among the people" rather than "a selection of the greatest political minds in the country" (Mill 2010, 74). Similarly for Bohman a diversity of opinions, values and perspectives should be maintained throughout in the democratic decision making process (Bohman 2006).⁷⁹ Peter's approach is especially relevant for our context, in that she uses a social epistemological approach which places the emphasis on the knowledge producing aspect of deliberation, which I will elaborate in the next section. As a result, the

⁷⁸ Goodin in turn suggests that when an individual uses reasoning to find arguments for and against various opinions, internal deliberation takes place. For this mental exercise to count as deliberation the individual needs to find and consider arguments against, as well as for. If she were to consider arguments that only supports her views, it would not be deliberation (Goodin 2000).

⁷⁹ There is of course, another long tradition against democratic and in favour of elite decision making processes, from Plato to Madison.

more perspectives are given voice in deliberation, the better the results of deliberation will be (Peter 2007; Chappell 2011).⁸⁰

In conclusion, the variety of individuals' deliberative competence – regardless of whether they are disabled or not – and the cognitive diversity this variety brings to the deliberative site is not only inevitable, but at the same time desirable, because it is valuable in itself, and it leads to epistemically superior outcomes. Therefore bringing the voice of people with disabilities in deliberative sites does not reduce, but on the contrary improve the quality of deliberative outcomes. Now that we have established the relationship between variations in deliberative competence, the inevitability of cognitive diversity and epistemic superiority of inclusive deliberative processes, we are ready to focus on the significance and effects of the embodied presence of the disabled in deliberative sites for opinion formation and transformation.

II. Significance of the Embodied Presence of the Disabled for Deliberative Opinion Formation and Transformation

In the previous chapter I argued that the embodied presence of people with disabilities in deliberative sites is a significant first step for the inclusion of the disabled in deliberative decision making processes. The above section made it clear this presence will only add another layer of cognitive diversity to an already diverse context, which will in turn contribute to the epistemic quality of the outcome of deliberation. It is now time to explore what happens when the rubber meets the road: what can we expect to happen when people with disabilities share the same deliberative space with non-disabled people, especially in light of the insights from Chapter 2 about perceptions of and attitudes towards disability? In what specific ways, if at all, does their

⁸⁰ Peter's social epistemology converges with Young's model of deliberative democracy which emphasizes the need for all groups in society, especially the disadvantaged, to be given a voice in the deliberative decision making process. See Young 2002.

presence as well the reactions to their presence have an impact on the opinion formation process in the deliberative site? Finally, how do the answers to these questions contribute to the overall picture of the inclusion of the disabled in deliberative democracy? I will attempt to answer these questions in the framework of two related considerations. First, the transformative and moralising effect of the embodied presence on all interlocutors, and second, the importance of bringing a disadvantaged perspective to, and maintaining it in the deliberative site. The discussion in this section will end with a consideration of secondary benefits of this embodied presence.

Embodied presence has a transformative effect on the interlocutors' opinion formation

In Chapter 2 I talked about the unique position of disability in terms of the emotions and reactions it triggers in public. Following Sandahl and Auslander I suggested that people with disabilities almost always cause a commotion in public spaces. Disability is noticed, it elicits surprise, attracts attention. It is a cause for pause and consideration. It engenders an act of interpretation by functioning as a signifying difference. I also stated that in daily life, people with disabilities are already performers while the passers-by are their audience (Sandahl and Auslander 2005, 2). That is why when people with disabilities enter the deliberative site, their embodied presence utters their first line of deliberation without using words: "Here I am, and I have brought my body with me. Although I have been excluded I exist, and I have things to say".

However people with disabilities do not necessarily encounter interlocutors who have a positive disposition towards disability. Instead, their attitudes towards disability displays a range of dispositions that are prevalent in the public sphere in that particular time and place.⁸¹ To remember

⁸¹ Habermas calls this "the continual interaction in the public sphere" (öffentlichkeit). See Habermas 1992, 398. Authors like Gabriel Tarde and the seminal works of James Bryce identify this interaction with the public sphere in as early as the late 1800's. For Tarde, the public emerged as a result of the rapid diffusion of newspapers that provoked conversations in coffee houses. Bryce similarly summarized the four stages of public opinion formation process based on this interaction: first, the

some figures from Chapter 2, this is the public (in the British context) nearly half of whom do not know anyone with a disability, and 67% of whom feel uncomfortable talking to disabled people.⁸² There will of course be many factors affecting the variety of possible responses to disability in the deliberative site: education, personal background (for example whether they have a disabled family member), the visibility of the disabled person's impairment, the extent to which this impairment affects the disabled person's communication and so on. Most of these pre-deliberative dispositions, opinions and prejudices can be traced back to the overarching narratives about disability in the media in that particular time and place.⁸³ The discussion on the perceptions of disability provided in Chapter 2 summarized three historic perceptions as disability associated with moral condition, disability as social suspension and disability as an economic burden. Research commissioned by the British Film Institute to understand perceptions of disability in the cinema of our age shows that these historic perceptions are alive and well in the popular culture today. *The Disabling Imagery* guide published in 2004 mentions ten stereotypes regarding people with disabilities in cinema: disabled person as pitiable or pathetic, an object of curiosity or violence, sinister or evil, super cripple, laughable, his or her worst enemy, a burden, non-sexual and unable to participate in daily life.

Since the deliberative decision making process is only a moment within a much larger, longer and more complex deliberative system – an ongoing opinion formation and transformation process in which news media, conversation and public opinion continually interact with each other, these – almost always negative – perceptions and the attitudes that they engender will be present in the

person reads news media (newspapers in his original works). Second, he engages with others in conversation or debate based on his own personal experience and impressions of the news media (political conversation). Third, an opinion starts forming in his mind as a result of the interaction between his personal experience, what he has read in the news media and what he has discussed with others (opinion formation). And finally he acts upon that opinion by engaging in participatory activities that might range from protest to voting (Tarde 2015 [1898]; Bryce 1995 [1888]).

⁸² See Chapter 2, also Aiden and McCarthy 2014.

⁸³ *Disabling Imagery* guide in 2004 mentions the same disability stereotypes that Paul Hunt found over a decade before in his 1992 research (Hunt 1991).

deliberative site. By the time an interlocutor has arrived at a deliberative site she will have already been informed (or misinformed) by the news media as well as her interactions with others based on what each one has heard on the news media. In one sense, deliberation is the means or the medium for her to bridge her personal experience, opinions and values which she has acquired through participation in the public sphere with the political world, arriving at a certain perspective on any given issue (Kim, Wyatt, and Katz 1999, 362).⁸⁴ This process is significant in our context because it means that potential non-disabled interlocutors will come to the deliberative site with pre-conceived perspectives – ideas and opinions about disability and the disabled which will be tightly linked to the overarching perceptions of and responses to disability in the public sphere as we discussed in Chapter 2, and which will be visible in the opinions they hold and solutions that they offer. As a result the non-disabled interlocutor may associate the disabled interlocutor's disability with a moral condition.⁸⁵ She might feel that the disabled individual is not competent enough to be in the deliberative site, where serious topics are discussed. She might rather the disabled individual be kept in a distant, less visible space, in which he can perhaps still be consulted by professionals about the decisions that affect his life. She might consider the disabled person as unproductive, incapable of contributing to society, an economic burden whose opinions, preferences and needs should consequently count less than those who are able-bodied and therefore make larger contributions.

⁸⁴ We must also acknowledge that individuals seldom have complete or coherent opinions. They are always tentative, often multiple or even conflicting. Again, many individuals may not realise how conflicting their opinions may be until they find an opportunity to discuss, share and in the process evaluate them. Only when people speak do they try to organise their opinions in a coherent way (Kim, Wyatt, and Katz 1999).

⁸⁵ Even today it is not uncommon to see church representatives and prayer groups offering to “cure” the “problems” of people with disabilities or mental illnesses through prayer on busy street corners or town squares. These prayer sessions usually include a part where the person who is prayed for is invited to confess her sins, so that she can be healed. Failure in “healing” can even lead to an implied accusation that the person does not have enough faith or has failed to confess her sins. See (Anderson 2013, 99).

The same is inevitably true for people with disabilities. They will also step into the deliberative site having already acquired a certain perspective about their own disabled experience, the non-disabled as well as society and its institutions. The disabled person's response to being in the deliberative site might range from fear to confidence, from confusion to determination. If she had been living in relative isolation due to her disability, she might find entering the deliberative site an especially daunting experience and feel unsure of what to say or how to talk. If she had accepted and internalised the dominant discourse on disability, she might not believe that her opinions have any value in the first place. On the other hand if she had been part of a disability network, user of a service offered by a disability rights organisation, or even a disability rights activist, her desire to contribute, to share her perspective or give her testimony, also reinforced by relevant information based on her exposure to disability networks, might help her to be more vocal, even assertive. Therefore it will be important to take into account how the ideas prevalent in the public sphere and the interlocutors' responses to disability – based on or at least informed by these ideas - will impact deliberation and the ensuing opinion formation in a given deliberative site. This is a not an issue to take lightly, because bringing the dominant culture's negative attitudes and prejudices into the deliberative site attack the very heart of deliberative citizenship which requires interlocutors to have an inclusive, open-minded, other regarding mutually accepting, reasonable disposition (Gutmann and Thompson 1996). If, instead of displaying this disposition, some interlocutors consider others unfit for deliberation, one of the most foundational tenets of deliberative democracy, the equality of its citizens will become moot. The discussion so far has indicated that there is a significant potential for people with disabilities to be subjected to such attitudes. The existence of these and similar prejudices and attitudes is already acknowledged by deliberative democrats. I suggest, with deliberative democrats, that the solution to this potential problem is again found in the deliberative process

itself. Niemeyer calls these problems pre-deliberation distortions and suggests that deliberation itself can provide a “corrective lens by peeling back the layers of manipulation”, and in our case, of negative attitudes towards people with disabilities (Niemeyer 2004, 348). The idea is also closely related to Miller’s “moralising effect” of public discussion (Miller 1992, 61).⁸⁶ According to Miller, narrowly self-regarding, irrational or morally repugnant preferences will tend to be eliminated during public debate. While his focus is on preferences that are defended by unacceptable arguments like ‘It’s good for me’, dispositions and attitudes like ‘you are not fit to deliberate’ or ‘I do not want to deliberate with you’ are similarly unacceptable. Miller supports his point by evidence from psychological experiments which try to simulate the behaviour of juries (Miller 1992, 62). We have access to more recent evidence that supports the corrective lens effect of deliberation, this time from the field of socio-psychology.⁸⁷

The encounter between the disabled and non-disabled citizens in the deliberative site may also trigger a number socio-psychological effects. Results of a study by MacKuen et al on the effects of engagement of certain emotions during deliberation might provide further insights on how encountering novel and unfamiliar situations may be instrumental in moving interlocutors from pre-deliberative distortions, entrenched positions and partisanship to more attentive, open-minded and critical – or in other words, deliberative – citizenship (MacKuen et al. 2010). They start their empirical study with the assumption that people's emotional states affect how they deal with the world, that emotions shape the way people approach politics, and that they have

⁸⁶ Goodin defines a similar idea as “laundering preferences” (Goodin 1995).

⁸⁷ At this point we cannot of course avoid mentioning the question that looms over deliberative democrats: Why should the more powerful engage with the less powerful in deliberation, and if they do not choose to do so, does deliberative democracy have mechanisms to by-pass this problem? Dryzek circumvents the issue by relying on a deliberative system that is made up of discourses that compete for influence (Dryzek 2000; 2010). Many others find the answer in institutionalising deliberative democracy (Fung et al. 2003; Warren 2007; Elstub 2010). McLaverty questions whether the problem can ever be solved (McLaverty 2014). Cohen and Rogers are quite pessimistic (Cohen and Rogers 2003). The point I argue here is not whether or how the powerful can be convinced to join deliberation. I argue that if the more powerful (in this case the non-disabled) do engage with the less powerful (the disabled) in deliberation, their pre-deliberative negative attitudes are likely to change for a more deliberative and caring disposition.

an impact on their attentiveness as well as engagement in politics (MacKuen et al. 2010, 441; Brader 2006; Dumont et al. 2003). They focus on two emotions which are coincidentally extremely relevant in the case of a deliberative site co-inhabited by disabled and non-disabled interlocutors: anxiety and aversion. In terms of dealing with novel and unfamiliar situations, the distinction between anxiety and aversion determines whether people will respond aggressively or seek further information (Huddy et al. 2005; Mackie, Devos, and Smith 2000).

Mackuen et al suggest that some experiences in the deliberative site like encountering hostile individuals, groups, causes or slogans, and recurring conflict with familiar issues may cause discomfort and even pain, which in turn evoke aversion. Aversion may include anger, disgust, contempt and hatred - all of them emotions that cause individuals to become more defensive. As a result they avoid further discussion, stop looking for ways of accommodation, try and protect their views by refusing to compromise and so on. To put it briefly, aversion reinforces prejudice and entrenchment, engenders partisanship in interlocutors and consequently decreases the chances of good deliberation or superior outcomes in an endogenous opinion formation and transformation process.

Anxiety on the other hand leads to different responses which may help arrive at better epistemic outcomes. Anxiety of course has come up in our discussion earlier a few times in the context of societies' and individuals' responses to disability. To remind ourselves very briefly, we have discussed that an encounter with disability elicits surprise, attention and anxiety, and that disability is a cause for pause and consideration on part of the non-disabled person. The cause of this anxiety is the person's inability to deal with the unfamiliar, unexpected and novel circumstances that the encounter with the disability brings. However the individual's response to finding himself in these circumstances does not lead to aggression as in above in the absence of a perception of conflict or hostility. To think of a few examples, the non-disabled person may not

know whether to attempt to shake hands with a person with cerebral palsy or not. Sometimes it is the more visible, physical aspects of disability that might cause anxiety, other times especially in the case of the less visible or cognitive disabilities, the non-disabled person may be extremely curious to understand, even quietly attempt to diagnose the disability, so that he can reorient or renegotiate his interaction with the disabled person. In any case, the most effective way to navigate the unfamiliar terrain in these situations is to seek out information about the novel circumstances or characteristics in the environment, and then consider how to proceed.

This anxiety-led need for reconsideration triggers a number of such responses, which, perhaps rather surprisingly, may help induce the ideal conditions for the practice of deliberative citizenship and improve the epistemic quality of both the opinion formation process and the outcomes when disabled and non-disabled citizens share the same deliberative spaces. First, anxiety may trigger a desire to learn more about the unfamiliar situation or experience. Second, anxiety may signal a problem with prior attitudes, which in turn will lead people to search for useful and balanced information. Both responses, of course, relate back to Niemeyer's corrective lens or Miller's moralising effect. The interlocutor whose preferences, disposition or attitudes towards disability are unsettled by the embodied presence of the disabled person in the deliberative site starts re-evaluating her preferences or disposition, and adopts a disposition that is more open to change, more inclusive, in brief, more deliberative. Therefore face to face deliberation in which people with disabilities are physically present in the deliberative site may be epistemically superior not only because it acknowledges and includes formerly absent perspectives, but because it presents an opportunity for the interlocutors to re-evaluate or change their disposition, search for more information, leave entrenched interests and replace them with a more deliberative disposition. Having discussed the transformative and moralising effect of the embodied presence on all interlocutors we can now move on to the

second consideration, the significance of this embodiedness in bringing and maintaining disadvantaged perspectives in the deliberative site.

Embodied presence brings and maintains the perspectives of the disabled

The embodied presence of the disabled is desirable not only because of its transformative effects on the interlocutors. As I have suggested in the preceding chapter while it constitutes a political act and already starts communicating the inaccessibility of the site for the disabled and the exclusion of the disabled voices from deliberation, its epistemic value is limited and possibly ambiguous. Presence by itself can communicate exclusion, it can lay bare the power relations and inequalities that are hidden in the spatial arrangements of a deliberative site, it can affect the dispositions of non-disabled interlocutors and transform their attitudes, but in the final analysis, it is not adequate to articulate preference or opinion. However, the epistemic value of this presence might be lying somewhere else – not in the articulation of preferences or the opinions of the disabled, but in the perspectives that it brings the pool of perspectives, which are direct derivatives of their distinct experience and social knowledge.

At this point I take the significance of perspectives theorised Bohman as my point of departure (Bohman 2006). Bohman discusses the epistemic value of the diversity of perspectives as distinct from opinions and identities at great length. For Bohman, perspectives are rooted in the interlocutors' social positions and primarily emerge from the range and type of their experiences (Bohman 2006, 178). They form the basis of a practical point of view common to those who share the same social position and experiences. Perspectives are the experiential source of values and opinions, which in turn inform the interlocutors' reasons in a deliberative setting. Therefore if deliberative democrats want to arrive at superior decisions and at the same time improve the conditions of the least advantaged interlocutors, they should seek to maximise the diversity of

perspectives rather than focusing on the sheer number of opinions that attempt to solve a given problem or reach a conclusion.

Inherent in perspectives are different social knowledges and experiences which inform opinions, values and interests. Bohman's perspectives converges with Young's discussion on the representation of the marginalised, where she argues that "being similarly positioned in the social field generates a social perspective" (Young 2002, 123). Meanwhile Young's clearer definitions of opinions, values and interests complement and clarify the distinction that Bohman (as well as Young) ascribe to perspectives. Interests according to Young are what affects or are important to the life prospects of an individual, while opinions are principles, values and priorities held by a person as they bear on and condition that person's judgment about what ends should be sought (Young 2002, 135). To reiterate once again going back to Bohman, perspectives come from one's social positioning and experience, and inform the rest.

Acknowledging the links to the Standpoint Theory formulated by Harding and others, and *Situated Knowledge* formulated by Haraway help deepen our insights into how embodied presence improves the epistemic strengths of the deliberative decision making process (Harding 2003, Haraway 1988). The main claim of feminist standpoint theories is that particular socio-political positions that women and other marginalised groups occupy can become sites of epistemic privilege which inform the lives of not only those who are marginalised but also those who occupy privileged positions (Harding 2003).⁸⁸ Using deliberative terms, the social position of an interlocutor (her race, gender, sexuality, disability and abilities) plays a role in the reasons that are presented, reviewed and negotiated in the deliberative site. Haraway on the other hand problematises the disembodiedness of objectivity because it privileges normal – 'unmarked' –

⁸⁸ Although standpoint is not the same as perspective. While a perspective is related to a person's socio-historical position and in that sense may become the starting point of a standpoint, a standpoint is gained through collective political struggle (Harding 1992).

bodies by ascribing neutrality to their knowledges while it associates the less than normal – ‘marked’ – bodies with their own points of view (Haraway 1988). For Haraway situated knowledge is always knowledge within a context, and therefore deeper and richer than disembodied knowledge that lacks context. In the context of the deliberative site, Haraway’s formulation again affirms the unique role the embodied experience of the disabled can play with its particular perspective.

Following Bohman’s formulation and informed by the above feminist theories, while the mere physical presence of the disabled in the deliberative site has limited value in terms of what it communicates, its epistemic value is much more significant because of the different perspectives that the disabled bring to the deliberative site.⁸⁹ To put it another way, the embodied presence of disabled individuals in deliberative sites is not valuable primarily because it allows or enables each and every disabled person to communicate her preferences and opinions on a given decision or policy issue. It is valuable and desired because the disability experience is a particular experience that comes with its very distinct social knowledge that would otherwise be absent from the deliberative site. This is knowledge of a different type of living the everyday life, a different type of interaction with others, a different type of communication. When these reasons and evidence are taken into account in the deliberative site, what is acknowledged is not necessarily any individual reason or opinion, but a particular reason, a particular opinion that finds its source in the perspective of disability - another reason why diversity and inclusion are preferable to expertise in the deliberative site. If we are to look for expertise, the experiences and social knowledges of

⁸⁹ One might ask whether we can talk about a disability perspective in light of the discussion about the fluidity of the disability identity, and the uniqueness of each disability. It would probably be wrong to pursue a disability perspective if we grounded the perspective on the disability itself, imagining that it is the disability that gives the disabled person her perspective. We can, however talk about a disability perspective that is grounded in the oppression that is caused by disability. The disability perspective can be a result of the oppression, marginalisation and exclusion that people with disabilities face, regardless of the exact nature and type of their disability.

people with disabilities make them the very experts on life with disabilities. Similarly, in light of the discussion about the role of media and the public sphere in opinion formation and transformation, if there is undue bias against people with disabilities in the society or the media, people with disabilities may challenge or overcome that bias (and any other possible barriers to objective and rational deliberation like framing effects) by presenting the disability perspective. This need for the diversity of perspectives in the deliberative site, labelled by Bohman as the epistemic difference principle, becomes more acute in a context where the marginalised are excluded from deliberative decision making processes (Bohman 2006). As Mansbridge reminds us, excluding people who have a unique experience and therefore knowledge and capacities related to certain issues “not only deprives the public deliberation from additional information and new perspectives, but it is likely to also widen existing societal power inequities” (Mansbridge 1992).

We can turn to an illustrative scenario from Gloucestershire – the story of a missed opportunity – to help us consider these ideas in context. In Gloucestershire the owners of the cafes that line up the high street of a small town decided to extend their seating on to the pavement during summer months. This well intended arrangement would contribute to a pleasant weekend stroll for the residents of the small town and at the same time help boost local businesses. However the arrangement caused the high street to be practically inaccessible to people with limited mobility or spatial challenges.⁹⁰ Although the issue was brought up in Learning Disability Partnership Board meetings, there was no deliberative venue in which people with disabilities could raise their concerns with city's planning officials

⁹⁰ It is important to note that it was not only people with physical disabilities and limited mobility who found this arrangement challenging. People with cognitive disabilities also felt restricted and disorientated as the high street became very difficult to navigate when the pavements were occupied by tables and chairs.

or the shopkeepers themselves. Ideally, the issue could have been brought up in a deliberative setting, perhaps in a public meeting on planning or trading rules.

Now let us imagine a scenario where the issue is referred to a deliberative meeting. In such a deliberative meeting the needs and interests of the disabled – such as mobility rights – would have to be given priority over the needs and interests of the shop owners – such as profit – and non-disabled members of the community – such as recreation. Taking into account the insights from socio-psychological evidence mentioned earlier, it is important to remember once again that there is a difference – of impact, if you will – between the perspectives of the disabled being shared with the rest or represented by council staff members or officials, and being communicated by people with disabilities themselves. For most shopkeepers – along with most other non-disabled interlocutors – encountering disabled members of their community would be a new, novel, unsettling, anxiety inducing experience.⁹¹ It would however lead them to a desire to learn more, to seek to understand the problem better or in more detail. They would hear first-hand how the tables and chairs on the high street pavements make mobility and therefore life harder for a significant section of their community. This face to face deliberation would then encourage the shopkeepers re-evaluate the cost of their weekend profit on the larger society and especially the disadvantaged. Having heard and understood - even witnessed – the challenges and the concerns of the disabled, the deliberative party would arrive at a solution that is acceptable to everyone. A solution that is acceptable to everyone would of course have to take into consideration the interests of not only the disabled but all who are present, the shopkeepers and other stakeholders in the larger community. If the same points were conveyed by non-disabled staff members on behalf of the disabled and in their absence, the triggers that induce anxiety would also be absent. Only in the novel and unknown circumstances that the

⁹¹ See, once again, the Scope survey on attitudes to disability (Aiden and McCarthy 2014).

presence of disability brings to the deliberative site would anxiety be induced, which in turn would lead to a desire to learn more.

We can imagine this desire to learn more encouraging the shopkeepers to try and understand how the lives of the disabled are affected negatively by structural barriers. Perhaps in a deliberative process this fact finding phase could be done together in the deliberative site, by inviting different experts or listening to the testimonies of individuals who are affected directly by the problem. Moreover, because anxiety inhibits reliance on habitual routines, individuals become more ready and willing to discover alternatives, which in turn sets the stage for compromise and cooperation. Therefore in the Gloucester case we could expect the interlocutors to consider alternative perspectives together with a view to arrive at a decision that serves the community as a whole. None of the above took place however, and instead the issue was never referred to a deliberative decision making process.

A deliberative process as described above would undoubtedly bring the opinions of the disabled into the decision making process. However, their inclusion in such a process would achieve something much more profound than giving them the opportunity to voice their opinions and raise their concerns. Because reasons and evidence come from perspectives which are in turn informed, shaped and engendered by social knowledges and lived experiences, the inclusion of the disabled would allow for a new and in many cases unacknowledged perspective – the disability perspective – to be taken into account along with other, perhaps more commonly acknowledged perspectives – of the town planner, the shop keeper or the Sunday shoppers (Bohman 2006, 188). The perspective of the shop keeper is informed by their desire to improve their business and perhaps their service to community, but it is a perspective limited by its own business or social knowledge. The town planner may similarly look at the issue from a perspective that is informed by his technical

expertise, the needs of the town, building regulations etc. Their opinions during deliberation, and the reasons that they give will inevitably reflect the limits of these knowledges.

And here lies the epistemic superiority of inclusive deliberation, whereby the decision making process acknowledges and takes into account as many perspectives as possible that represent a variety of social knowledges, including and perhaps most importantly the social knowledges of the disabled, while at the same time challenging or invalidating pre-deliberative prejudices, biases or overcoming indefensible arguments, leading to substantively better outcomes both in terms of epistemic and of course democratic value, transforming individuals into more deliberative citizens at the same time.

Secondary benefits of the embodied presence of people with disabilities

Inclusive deliberation enhances the quality of opinion formation and transformation process in a number of other ways. We have already established that the process of deliberation may help citizens evaluate their positions and attitudes from different angles and improve their deductive, perhaps more objective reasoning. It may help them move from self-interest and resolute partisanship to adopting a more reciprocal attitude. These by-products are especially desirable for the integration of the otherwise marginalised in society in general, and their inclusion in polity in particular. That is why, once again, those who are disproportionately affected by certain problems should especially be included in deliberation (Bohman 2007; Fearon 1998).

Disability inclusive and embodied deliberation's epistemic superiority as a decision making process is also related to a process of social bond creation that only face-to-face deliberation can engender. In turn it may lead to a type of citizenship and polity that is better prepared and

equipped for deliberative democracy. The role of emotions is only one aspect of why inclusive deliberation is epistemically superior as a decision making process. An individual with a disability who has not had the opportunity to voice his perspective on issues pertaining to the lives of the disabled and the policy decisions that affect them may for the first time find himself in the same room with a non-disabled person, deliberating on a topic that is relevant for both of them. In this context deliberation is expected to enlarge the minds of everyone in the room and increase impartiality by providing the opportunity to consider a given issue from different, even opposite view points (Kim, Wyatt, and Katz 1999, 367). In practice this might mean that the non-disabled person learns to look at a policy decision from the perspective of the disabled, and finds that a decision that he found trivial or second-order before the encounter with the disabled individual might have totally different, sometimes existential implications for that individual.

As the above scenario from Gloucester makes clear, face to face deliberation is probably one of the best means of increasing the quality as well as impartiality of the decision making process by putting people in a situation in which they can start considering issues with less self-interest and imagining how they would feel and act if they were in others' shoes.⁹² If opinions are formed through the day to day exchange of comments and observations which goes on among people, it is vitally important, let us say for the shopkeepers in that example to be available for deliberation with all sections of their local community; and for the disabled to have the opportunity to communicate how their daily life may be affected by well-intended and seemingly harmless

⁹² ⁹² In contrast, Goodin's account of internal deliberation would work if deliberation were strictly a mental exercise and deliberative sites were void of emotional, social, psychological or spatial dimensions of human interaction and communication which have an impact on reasoning. However deliberating together is not merely the sum of all individuals' reasoning. Encountering another individual in the deliberative site initiates a number of significant socio-psychological processes that directly or indirectly affect the opinion formation process as I discuss here. Seeing deliberation as a strictly internal exercise and the outcomes as simply derived from the sum total of reasons would leave us unable and unequipped to identify and take into consideration the socio-psychological processes that influence and make up a decision.

decisions. When citizens are given the opportunity to deliberate with each other, and especially with those they would not otherwise interact with, the decisions that come out of the deliberative process may take on an unmatched quality.

As a result, the deliberative process contributes to the creation of a social bond between citizens. In a survey of over three thousand jurors who served in local courthouses in the US, Hickerson and Gastil found that individuals from marginalised backgrounds found deliberation a positive and satisfying experience (Hickerson and Gastil 2008). Rosenberg recounts witnessing the formation of positive social bonds between former strangers as a result of deliberating together (Rosenberg 2014). Similarly, Goodin reports deliberative meetings that end with the interlocutors hugging each other, exchanging contact information and promising to meet again in the future (Goodin 2005). I have observed similar and even stronger bonds between the members of the Learning Disability Partnership Board. Deliberating together and regularly over an extended period of time have created a deliberating community that consists of the disabled, their carers, professionals who provide services for the disabled, as well as council officials. These individuals addressed each other by first name, spent time together in social settings and engaged in personal conversations. As a result, a challenge that a disabled member faced using the city's transport system or paying his bills was not mere information for the Council's transport manager. He could empathise more readily with the difficulty experienced regularly by an individual he knows personally. The empathy that is needed in deliberation can best be realised in contexts where interlocutors can encounter one another and are able to imagine – if not witness – how the decision that is in question impacts the life and experiences of the other interlocutor. This is also the point where deliberation may require a degree of personal sacrifice as opposed to clinging to self-interest (Rosenberg 2014). A personal connection that engenders empathy may be instrumental in leaving self-interest outside the deliberative site and replacing it with a caring disposition.

Therefore, once again, being physically present in the deliberative site does not only perform deliberation, but is extremely instrumental for helping change the dispositions of the interlocutors and making them better deliberative citizens. However physical presence needs to be accompanied by perspectival presence to make inclusion meaningful, and to make a meaningful contribution to the quality of the endogenous opinion formation process. Only with this double presence can the voices, concerns, preferences but ultimately perspectives of all interlocutors count. Having spent the first two sections on the epistemic strengths of the presence and perspectives of disability in the deliberative site, it is now time to explore the implications of these ideas and suggest ways in which they can be put into practice.

III. Translating Presence to Preferences: Practical Implications

Having established in the above sections the epistemic significance and superiority of disability inclusive deliberative sites in this section I try to visualise different scenarios that explore how the disabled can join in the deliberative decision making process. For the scenarios I will follow the hypothetical cases Martha Nussbaum builds in her discussion regarding the capabilities of people with disabilities (Nussbaum 2010). However the discussion here will also be informed by a number of insights from previous sections and chapters. It will take into account the diversity of the disability experience (Chapter 2) and the need for a caring orientation in the exercise of citizenship, as well the practical implications this orientation brings to the deliberative site (Chapter 1).

When talking about the practical applications of the ideas explored above, one of the first challenges that needs to be acknowledged and addressed is the diversity of the disability experience. As mentioned more than once in the preceding chapters, the diversity of the disability experience means that every disabled individual's disability is unique and impacts his cognitive and communicative competence in a unique way. Therefore we have to first acknowledge that each

disabled individuals' deliberative competence as well as accommodation needs in the deliberative site will be different. In practice, this means some individuals with physical or cognitive disabilities may not be able to reason or communicate at all, while others' abilities might nearly match those interlocutors who are not diagnosed with a disability. In the meantime many disabled individuals will be positioned somewhere between no deliberative ability at all and full deliberative competence.⁹³ Consequently, any attempt to bring the perspectives of the disabled to the deliberative site will have to take into account and work with these differences.

What, then, happens when individuals cannot deliberate like 'the rest', but their perspectives and preferences are as valuable as the rest? I suggest that the basis for an answer to this question can be found in the distinction we made earlier in Chapter 1, between the two opposing constructions of citizenship – the liberal vs caring citizen. To be reminded of this distinction once again, while the citizen in liberal theories is self-sufficient, independent, fundamentally egocentric and primarily engaged in pursuing his self-interests, the caring citizen is one already situated in networks of interdependent relationships. In times of conflict of interests, the liberal citizen's need for compromise arises out of competition or fear, resulting in a social contract. On the other hand the caring citizen's relationships arise not only from the need for survival, development and social functioning, but also from the human need to relate and care. Caring citizenship is situated against the liberal construction of the detached, independent individual and challenges the liberal glorification of autonomy and the stigma that this stigma creates around dependency.

I have also suggested in the same chapter that deliberative democratic norms and practices are very relevant and instrumental to include the traditionally marginalized, and in our case people

⁹³ In Chapter 1 following Kemp I defined communicative competence as “being able to use speech acts to produce an interpersonal relationship between the listener and themselves” (Kemp 1987).

with disabilities in the polity, because deliberative democracy harbours the spaces and processes where particular needs of care recipients could be responded to if a caring disposition instead of moral indifference and calculated self-interest were embraced by the interlocutors. The lives of people with disabilities is probably one of the most distinctive settings where this sort of caring disposition becomes most visible. Disabled persons experience human interdependence much more visibly and widely in their lives, in that they usually rely on the support of parents, siblings, spouses, carers and so on. Moreover immediate family members as well as people who provide social services to the disabled are often subjected to courtesy stigma because of their relationship with the disabled.⁹⁴ The association however goes beyond stigma, many times resulting in their being disabled together. To give one very simple example – hypothetical but extremely likely – imagine an able-bodied mother who cannot even go out shopping because she cannot take her disabled son with her due to accessibility issues. Neither can she leave him alone at home. As a result, she experiences the results of her son’s disability first hand – his disability restricts her mobility much as it restricts his.

I propose that these relationships can be potential bases for representational claims or mutual enactments of citizenship, whereby the disabled may be physically present in deliberative sites with the persons who care for them as communicative-others who share and represent their perspectives, and who act as translators of their preferences. This notion of representation is informed by Saward’s representation as a claim and Young’s conceptualisation of representation as a differentiated relationship (Saward 2006; Young 2002). For Saward, representation is not something that is formally present or absent, it is a dynamic process. “It is made or constructed by someone, for someone, and for a purpose. (Saward 2006, 13). It is a claim to know what represents the best interests of someone. Young on the other hand argues that representation is a relationship

⁹⁴ For two recent treatments on courtesy stigma or stigma by association see van der Sanden et al. 2015; Phillips et al. 2012.

which does not involve an identity requirement, but instead describes “a relationship between the representative and the represented” (Young 2002, 127). The representative does not stand for the identity of the other person or a collective identity. Instead she looks after the interests of the person(s) she represents, voices their principles, values and priorities, and experiences the kind of social experience of the person she represents, which is in turn informed by their social group position.

In this regard, Clifford’s “collaborative speech” and Lanoix’s formulation of more able citizens can all be mentioned as the variations of the same theme (Clifford 2011; Lanoix 2007). In Clifford’s collaborative speech, participants [in deliberative spaces] “make political claims collaboratively as a way to ensure the inclusion of people with profound cognitive impairment”. Here “speech and actions are coordinated among differently situated yet still conjoined selves” (Clifford 2011: 220 – 221). Similarly, Lanoix suggests “broadening the foundational concept of the citizen from that of a self-governing and perpetually active participant to one that can include passive citizens”. Passive citizens include those with cognitive or physical disabilities that impede communication. For her, the non-disabled, active and self-governing citizens can regulate social institutions and arrive at decisions “with the explicit recognition that these principles and institutions will serve all inhabitants, not only those who are like themselves” (Lanoix 2007, 126). Again, Goodin and Lau invoke the concept of suretyship in electoral law to enfranchise incompetents [*sic*] (Goodin and Lau, 2011).

How, then, can this representation or translation of preferences look in the deliberative site and how does it affect opinion formation? Since there is no single disability identity and every individual’s disability as well as her relationship with her communicative-other will be unique, it is not possible to formulate a one-size-fits-all solution. However we can still imagine various

scenarios whereby presence is channelled into the preference formation process through relationships of care. For this task, I use the three cases or scenarios that Nussbaum introduces in her discussion on the capabilities of people with cognitive disabilities (Nussbaum 2010). For practical reasons I will use the term 'carer' to describe the communicative-other who is in a care relationship with the disabled. In my formulation of representation below, the able-bodied carers who experience the disabling effects of caring for or living with the people with disabilities have a stronger claim or reason than anybody else to represent and translate the preferences of the persons they are associated with.

In the first scenario, let us assume that the individual has a mild mental or physical disability. She is capable of understanding, presenting or formulating responses to arguments, however it takes her more time and effort to do so. She might be deaf, blind or a wheelchair user. She might have limited reading abilities, anxiety disorders or agoraphobia. In this case, facilitating her inclusion may require relatively simple accommodations: making the site physically accessible, providing easy-read versions of documents or giving her more time to formulate or give her responses during deliberation. The carer's role is relatively simple: helping with physical arrangements, intervening when the person has difficulty understanding or expressing an idea, or giving her assurance when she feels anxious. Here the person with a mild disability is a full interlocutor in deliberation, albeit with some help.

In the second scenario, the person's disability prevents her from exercising most communicative functions, even with special arrangements. However she can communicate her preferences to her carer, perhaps by means of some personal code language. In this case, because she is comprehensible only to her carer, the rest of the interlocutors rely on the carer's active involvement or translation in the deliberation process. The carer may translate the discussion both ways, and make sure that the preferences of the disabled interlocutor are

understood. In her intervention she may have to elaborate the disabled person's account to make it more comprehensible or compelling, or perhaps add her own insights that come as a result of the experience of being disabled with the person she cares. Meanwhile others can try to be sensitive to body movements, facial expressions and gestures where these may be expressions of preferences (Jenkinson 1993, 369). Here the person with a communication disability is an interlocutor through the co-presence of her communicative-other.

In the third scenario we must admit that some people's disabilities are so severe that they are unable to form or respond to reasons and they are altogether unaware of their own interests to give consent. In this case we might expect a formally designated legal guardian or a person with a strong representative claim to represent the interests of the severely disabled person in the deliberative site. Again, what is important to remember in this extreme case is that although the disabled person herself may not be able to participate directly in deliberation, the perspectives that are represented by her legal guardian or carer – what we called the disability perspective above - will originate mostly from the same well of distinct experiences and social knowledge. While we cannot claim the experience to be identical to the disabled individual's, we can safely assume that it will be the closest, due to the relationship between the disabled individual and her guardian or carer.

While in all three cases people with disabilities, as well as their perspectives are brought into the deliberative site, a potential objection still remains: Given the nature of cognitive disabilities, how can we be sure that the perspectives that are communicated correspond to real interests and that their discussion will contribute to the quality of decisions? In answer to this question we need to remember once again the caveat already mentioned about deliberative competence above. The dichotomy that sets complete rationality and complete lack of it against each other is false and an illusion. Complete rationality is improbable for any interlocutor. Whether or not we have a

disability, none of us is a perfect decision-maker. Our decisions are always affected by subtle, multifaceted and sometimes conflicting values, beliefs or biases (Jenkinson 1993, 364). Therefore by applying rational models too rigidly, we might in effect end up expecting the disabled to become better decision makers than the other interlocutors who do not identify or are not diagnosed as disabled.⁹⁵ By the same token, setting the deliberative competence bar too high might not only bar the disabled from deliberative sites, but also disqualify many who identify or are seen as non-disabled.

Moreover, the largest subcategory of people with mental disabilities is that of mildly disabled, who make up about 89 percent of the population with mental disabilities (Shomaker 2010). They would roughly fit in the second scenario above, meaning that given the opportunity, they could participate in deliberation. Their exclusion and the barriers set up against them are often more to do with the perceptions and the prejudices of the society than their communicative or cognitive abilities. The unstable relationship between shifting definitions of disability, the nature of diagnosis, and the label and stigma that the diagnosis instigates must also be mentioned. Definitions and diagnoses of cognitive disabilities are changed regularly.⁹⁶ Some disabilities are visible while others are invisible. Therefore in a deliberative site the only difference between one deliberator diagnosed with a cognitive disability, and the other with the same disability yet unaware or undiagnosed might be the diagnosis itself. In this case diagnosis becomes the performative utterance that sets aside and labels the person, and changes the society's relationship with her.⁹⁷ This only reinforces the fact that in the case of cognitive disabilities we are not dealing with clear boundaries about who should be included and who should be left out of the

⁹⁵ As a matter of fact, evidence from research points to the possibility of some status characteristics becoming a basis for stricter standards for the lower status person. See Foschi 2000.

⁹⁶ There are two guides used by mental health professionals. The first is the Diagnostic and Statistical Manual of Mental Disorders, which was first published in 1952 and was revised for the fifth time in 2013. World Health Organisation's International Classification of Diseases includes a psychiatric illnesses section and the current document is the 10th edition. Therefore new diagnoses are added or existing diagnoses are revised or changed in at least every 10 years.

⁹⁷ For diagnosis as performative see Sadegh-Zadeh 2011.

deliberative site. Therefore when in doubt we should err on the side of inclusion, because deliberative democracy has the necessary procedures and mechanisms to handle the challenge of cognitive disability, as I shall explain below.

I suggested above that the perspectives that originate from the distinct knowledges and experiences of persons with disabilities will be best evoked in deliberative settings by those who experience disability first-hand, making people with disabilities, rather than anybody else, the best candidates to voice their own interests. Similarly, research in decision making suggests that people are most likely to have clear preferences in issues that are familiar, simple and directly experienced (Jenkinson 1993, 364). Their experience – often of exclusion, segregation or additional hardship – makes them the best experts of their interests so far as disability policies and related issues are concerned. And it is this very experience of marginalisation that makes deliberative sites potential emancipatory venues for them, venues where their perspectives and consequently interests – otherwise unheard – can be brought to public discussion. In this sense topics that seem to be trivial to the rest of society may be extremely significant for the marginalised. Remember once again the scenario about the shops in Gloucester and how a well-intended arrangement that would have contributed to a pleasant weekend stroll for the rest of the community members would make the high street practically inaccessible to people with limited mobility.

Therefore while perspectives may be vastly different and interests are much more complex than they seem, deliberative democracy can respond to this complexity because it doesn't regard interests as "brute facts that uncritically serve as input to legitimate decision-making", but instead problematizes their status (Rostbøll 2005). Preferences are shaped and transformed through the mutual learning and insight gaining that takes place in the deliberative site. This transformation is enforced by the need to publicly justify preferences with regard to universal aspects of validity: pragmatic appropriateness, moral rightness and

common good (Habermas 1987). Therefore I am not suggesting that any preference brought up by a disabled person be elevated to overwrite all other preferences because they have been marginalised for too long. I am however suggesting that the need to publicly justify preferences by the procedure of the force of the better argument already equips deliberative democracy to find the better arguments that serve moral rightness or common good.⁹⁸

During deliberation we may expect to find that the preferences of those who are subjected to injustice or exclusion might have the force of the better argument behind them due to their appeal to moral rightness or common good. For the shopkeepers in Gloucester, the choice was between defending to keep their weekend profit and keeping a significant section of society from accessing the city centre. And this appeal to moral rightness or common good is directly linked to deliberative sites' becoming sites of emancipation – in this case for those who are marginalised due to their disabilities. However this is not a deliberative *carte blanche* for the marginalised because they are still subject to the same validity checks as every other interlocutor. For example, following the same high street scenario, if people with limited mobility requested that the town's pavements are set aside for their exclusive use on weekends, their preference would be appealing to neither moral rightness nor common good, and therefore would have to be rejected after deliberation. These examples on preference formation where the disabled are present with the non-disabled in the deliberative site make it clear that deliberative theory's democratic deficiency in the case of disability does not necessarily reflect a procedural inadequacy. On the contrary, once people with disabilities are allowed into the deliberative site, the more procedural elements such as adherence to validity checks or the force of the better argument may become the very means that guarantee an equal voice to the disabled in particular, and to the marginalised in general.

⁹⁸ Once again, the problem of agenda exclusion looms over the discussion. See footnote 86 above.

Conclusion

This chapter's aim was to defend disability-inclusive deliberation from an epistemic point of view. The discussion was built on the claims of the preceding chapter about the significance of disabled individual's presence in deliberative sites. I have discussed how this presence not only makes deliberative sites more inclusive and therefore more democratic, but at the same time epistemically superior, and therefore preferable as a decision making process.

Attempting to include individuals with communicative disabilities in deliberative sites is a major undertaking, not least because disability is a fluid and multi layered category. As a result any attempt to provide a strict inclusion template or formula is irrelevant. With this caveat in mind, I first showed that any deliberative site is already cognitively diverse even before the arrival of a person who is medically diagnosed with a disability. Therefore we cannot ascribe perfect deliberative competence or procedures to any deliberative site. I then discussed how the presence of the disabled in deliberative sites interacts with and influences the opinion formation process. In the same section I argued from a perspectival followed by a socio-psychological view that we can count on the presence of the disabled in deliberative sites to transform the interlocutors, to enrich the opinion formation process and lead to epistemically superior outcomes. Finally, I explored what the discussion here might look like in practice, in the context of a deliberative setting, making use of the few possible scenarios already developed by Nussbaum.

In terms of the general aims of this work, the claim I made in the very first pages still rings true: in order to maintain the emancipatory potential of deliberative democracy, the perspectives of the communicatively disabled must be included in deliberation. This chapter, then, was an attempt to show that it is indeed possible to bring these perspectives to deliberative sites and decision making processes, making deliberative democracy more inclusive, more emancipatory and more democratic as a result.

CHAPTER 5

Deliberative Spaces

Introduction

In search of a disability inclusive deliberative democracy, I have discussed so far the significance of the embodiedness of the disability experience and how it relates to the embodiedness of deliberation. I have explored the same theme in the context of disability inclusive opinion formation, transformation and deliberative decision making processes. There is yet another theme we need to take into consideration in order to give a full account of the disability experience, how it relates to deliberation and deliberative decision making processes, as well as the inclusion of people with disabilities in deliberative democracy. That theme is the spatiality of the deliberative site, which has been at the centre of the discussion throughout this work. From its very beginnings disability studies has concerned itself with the spatial dimensions of exclusion: accessibility of the built environment, social, economic, political and democratic life etc. The words that define the main concern of this work, inclusion and exclusion, are spatial terms that denote being in or out of a democratic decision making process. However the role and significance of space have not yet been fully acknowledged in deliberative democracy literature, much like the absent-present body of the earlier chapter.⁹⁹

This chapter then has two goals. First, it intends to highlight the role of spatiality in the deliberative democracy agenda. One of the most important contributions of deliberative democracy to democratic public life is the equalising power of its deliberative sites. This chapter argues that the spatial organisation of deliberative sites can have a negative influence on this fundamental element of deliberative democracy. Therefore, spatiality should be taken into consideration as a significant factor that impacts deliberation as well as deliberative processes both at the micro and

⁹⁹ For one exception see Parkinson 2012.

macro levels (thus the plural "spatialities" of the next section). By the micro level, I mean the spatiality of each single deliberative site. By the macro level, I mean the spatiality of different deliberative sites in relation to each other in a deliberative system. Second, because of this significance of spatiality, the chapter argues that the issue of the inclusion of people with disabilities cannot be discussed without first acknowledging and then looking for ways to overcome the spatial dimension of exclusion.

At the outset, I introduce and define my terminology and provide a very brief discussion on space and spatiality especially as it relates to the context of this work. I then turn to the micro level, the single deliberative event. Here I explore the significance of the physical space in which deliberation takes place. In order to fully understand the spatiality of the deliberative site we must analyse how the site is organised, who is allocated where and for what reason, who has access to various objects or privileges (e.g. speaking platform, microphone, projector etc.) and under what conditions they have this access. Answering these questions provides insights about much more than a simple arrangement of chairs and tables in the deliberative site – it lays bare the role and significance of the site's spatial organisation in the implicit power inequalities that deliberative democracy fervently intends to leave outside the deliberative site.

The second section takes the spatial analysis a step wider and broader to the systemic level.¹⁰⁰ Here I suggest that the spatiality of the different sites of the same deliberative system in relation to one another has an impact on the decision making processes that take place in that system, namely the decisiveness of deliberation and the transmission between different sites. In other words, one deliberative site's spatial positioning against another site is not neutral, but again indicative of the power relationships which have a direct impact on the consequentiality of the decisions that are taken in that site. This discussion brings back the distinction made in the

¹⁰⁰ For deliberative systems see Chapter 1.

deliberative democracy literature between public and empowered sites, and suggests that the spatial dimension of this distinction has to be taken into consideration to fully understand the relationship between public and empowered sites.

Throughout the chapter I use insights from the disability community¹⁰¹ in Gloucestershire as an illustrative and diagnostic tool. My analysis of the monthly Learning Disability Partnership Board meetings that take place in Gloucester illustrates the points I make regarding the spatiality of the micro level of deliberation. Similarly, the analysis of the interaction between different deliberative sites that are set up and led by various organisations that share the same single issue of improving the lives of people with disabilities serve to illustrate the significance of spatiality in the macro level. For this analysis I turn to a deliberative system made up of various deliberative sites, all within Gloucestershire: a Learning Disability Partnership Board meeting, two disability NGOs' meetings, and the meeting of a group of people with disabilities organised independently to challenge the status quo regarding disability issues at the local level.

I. Space, Spatiality and People with Disabilities

Social theorists have increasingly come to recognise that society and life are not constituted only in time, but they are also situated and reproduced in space (Soja 1989; Harvey 1991; Giddens 1991). Space is no more seen as a natural, static and rigid background or container to life and politics, but conceptualised as a politicised, culturally relative and historically specific sphere of multiplicity, interconnection and power (Pugh 2009, 580; Rodman 1992, 641). Everything that we study – including deliberative democracy and deliberative sites – happens somewhere and involves a material dimension. Spatiality on the other hand denotes the organisation of space

¹⁰¹ I use the phrase “disability community” as a shorthand for people with disabilities, their allies (both as family members, carers and staff of various organisations) and council staff who work in departments relevant to disability work, and are therefore involved in the lives of people with disabilities in Gloucestershire in a professional capacity.

as a social product (Soja 1989, 79; Massey 1994, 2).¹⁰² This organisation is not neutral or insignificant either – it reproduces, stabilizes and maintains social structural differences and hierarchies, arranges patterns of interaction that constitute collective action, and embodies and secures otherwise intangible cultural norms, identities, memories etc. (Gieryn 2000, 473). In this sense space is fundamental in any exercise of power and is seen as an active constitutive component of hegemonic power (Rabinow 1984). In Keith and Pile's words, it “tells you where you are, and it puts you there” (Keith and Pile 1993, 37). Space sustains this difference and hierarchy by routinizing daily rounds in ways that exclude and segregate categories of people, and by embodying in visible and tangible ways the cultural meanings variously ascribed to them.

Constructions of behaviour, appearances, or even people as welcome or unwelcome, accepted or deviant are linked to the space in which they happen – space tells people if they are 'out of place', and the symbolic meanings of landscape indicates how to act or what to avoid. A temple symbolises reverence while a library demands silence. While a same-sex couple holding hands on the streets of the Castro neighbourhood of San Francisco or in London's Soho are welcome or at least invisible, the same couple would feel 'out of place' or unwelcome in many other spaces. Therefore space can play a role that imposes a territorialised normative order to its inhabitants (Gieryn 2000, 480). Space can extend or deny life chances to individuals or groups located in some spots. This is why we often see that certain spaces are socialised by certain homogeneous groups, whose existence in that space regulates and excludes unwelcome visitors (Kitchin 1998, 350).¹⁰³

¹⁰² The formulation of spatiality that I employ here follows Soja and Massey's formulations. I use “spatiality” interchangeably with “socially organised space”. A “spatial site” is a site that is socially organised.

¹⁰³ These symbolic meanings are in turn a “function of the values and meanings of a specific time and place” and therefore not unchangeable (J. R. Parkinson 2012, 98).

The organisation of space then is not only a social product, but this organisation always simultaneously rebounds back to shape inhabitants and their social relations (Soja 1989, 57). These inhabitants then ascribe meanings and qualities to the material and social stuff gathered in space that reflect difference and hierarchy – ours or theirs, safe or dangerous, public or private, unfamiliar or known, rich or poor, black or white, new or old, accessible or not (Gieryn 2000, 472; Parkinson 2012, 74). They create meaning - physical, emotional or experiential realities – in space (Rodman 1992, 641). However space does not solely feature in narratives. It is instrumental, a narrative in its own right, one which produces and reproduces meaning in the rhetoric that it promotes (Berdoulay 2015, 135). The arrangement of spaces and the place of both inhabitants and objects in those spaces play a role in the constitution and the transformation of the inhabitants, because place and psychology are deeply connected (Goodley 2014, 10; Imrie 2000, 9).

The forms of exclusion and oppression that people with disabilities face are also played out within space and given context by space (Kitchin 1998, 346). Space is organised and written to perpetuate disabling attitudes and practices, as well as the dominance of able-bodied people. According to Kitchin, space excludes people in two ways. First, space is organised to keep disabled people in their place. People with disabilities are often kept separate from the non-disabled. They exist on the margins of society not only socially, but also spatially. Since the institutions that hid away the disabled or completely separated them from the rest of the society have been closed down, people with disabilities have been relegated to the peripheries of cities and communities. Houses that are set aside for people with disabilities are almost always in less desirable areas of cities where schools are unpopular, crime rates are higher.

The recent proposal to build supported living apartments for vulnerable adults with physical and learning disabilities in Leamington Spa and the ongoing discussions regarding the suitability of the site provides a good example. In 2015 a property development company

applied to the local council to build sixteen apartments in the place of a fire damaged school building in central Leamington Spa. While the Town Council were in favour of the construction, the proposal received a negative response from the disability community and their allies, a number of local councillors and initially from Warwickshire Police. Bath Place is located between a public car park, two night clubs and a railway line. During the Planning Committee meeting in February 2016, the Council's Safe Communities manager objected to the proposal on the grounds that it was a poor location to house vulnerable people (Leamington Spa Town Council 2016). In light of the higher than average recorded number of incidents of crime and antisocial behaviour in the site, Warwickshire Police suggested that the location of the site increases the likelihood of people with disabilities becoming vulnerable as targets for crime and antisocial behaviour. Besides incidents of prostitution, Bath Place is known by police as an area where street drinkers and drug users gather. Three councillors objected to the proposal on the same grounds. The plans, however, were approved by the majority of the councillors, and after separate talks with the company, the police have eventually advised that they are satisfied that the development will include a high standard of overall security. The high standard in question included connecting the area to the town centre CCTV system and building a fence around the building. Bath Place provides a very good example of how the organisation of urban space can disadvantage people with disabilities even when the intention is to provide suitable housing. The town's response to concerns of safety was to surround the building with a fence which would not only keep potential intruders and antisocial behaviour out, but people with disabilities in – as a community of people who will potentially end up living in, but not as part of the wider community.

Second, spaces are social texts that convey to disabled people that they are out of place. I have already reflected on how public spaces shared by the disabled and the non-disabled tend to push the disabled and their needs to the peripheries. Toilets for the disabled are

usually at the back of buildings and locked. Public services for the disabled – public transport, library services etc. - are almost always provided through specialised and segregated arrangements, which perpetuate disablism by labelling the disabled as different, needing specialised and segregated treatment or facilities. The sign on the wall of the coffee chain shop I visit every day, titled “Facilities for Guests with a Disability” reads:

“Details of the facilities to assist guests with a disability are available from our manager. Please don’t hesitate to ask for any assistance that might help during your visit. If you are unable to queue for assistance please find a table and attract the attention of one of our team. For more information regarding facilities please visit our website.”¹⁰⁴

Even special arrangements that are well intended on the surface can thus reproduce and maintain disadvantage and dependence. They can perpetuate the assumption that the normative order which implies able-bodiedness is normal and ideal, while disability is abnormal and a deviation from the ideal. As a result, when people with disabilities attempt to participate in public life at any level – whether it be going shopping or going to participate in a deliberative meeting - they are reminded that they are the exception rather than the norm, the unexpected rather than the expected, and often, the tolerated rather than the welcome.

II. The Micro-Spatial Arrangement of the Deliberative Site

Once the vocabulary of spatiality is added to the toolkit of deliberative democracy's scholars and practitioners, the role of space in relation to power inequalities and the significance of spatiality during deliberative events bring up a number of questions that need answers: Do deliberative sites reproduce and maintain social structural differences and hierarchies by their spatial organisation?

¹⁰⁴ Costa Coffee, Warwick University Campus. The sign is neither written in easy-read version, nor placed on an immediately visible wall. The expectation that a disabled person should talk to the manager if she wants to use the facilities can be criticised from many different angles. My intention here to show the prevalence, and in this case the added absurdity of this attitude.

Do they embody cultural norms that privilege some at the expense of others? To be more specific, are there physical or mental barriers to the participation of people with disabilities in deliberative sites? Do deliberative sites perpetuate disabling attitudes and practices, as well as the dominance of able-bodied people as a result of spatial arrangements? Exploring these and similar questions can tell us whether deliberative democratic practices indeed impose a normative spatial order on interlocutors. While there is virtually no published research or discussion on the spatiality of deliberative sites and how this relates to the inclusion of disabled interlocutors, a spatial analysis of Gloucestershire's Learning Disability Partnership Board meetings can provide us with some clues as to whether deliberative democracy's problem of inclusion of the disabled has a spatial element.

LDPB meetings are regularly held at the "Shire Hall", the city's Council House.¹⁰⁵ Shire Hall was built over 200 years ago, well before the rules and regulations of accessibility. The main entrance to the building is reached through a monumental set of stairs. Necessary accommodations have been made over the years and a ramp has been built to make the ground floor physically accessible for people with disabilities. Regular LDPB meetings always take place in a room on this ground floor, therefore there is no physical barrier to the participation of people with disabilities in LDPB meetings. The organisation of the rooms themselves for LDPB meetings also reflect a sensitivity towards people who need different physical and cognitive requirements in order to deliberate during the meetings. For example there is always enough space to accommodate wheelchairs, and tables are arranged in a way that enables their parking. Non-disabled and disabled interlocutors sit together – especially when the tables are arranged in a banquet style for small group discussions. Similarly, if there is more than one table, the facilitators make sure that there is a balance in the number of non-disabled and disabled interlocutors at each table. Interlocutors come with an open mind and display a patient attitude to deliberation, for example when they are required to listen to a slow or long speech, or talk that is difficult to

¹⁰⁵ See Introduction for a more detailed account on Learning Disability Partnership Boards.

follow or understand due to speech impediments or similar cognitive differences. These and other spatial arrangements, reinforced by a desire and civic attitude to engage with the disabled as equals, make each interlocutor feel valued and welcomed to deliberate.

Extraordinary meetings – usually those which prove to be more popular and therefore require more seats – take place in the larger first floor rooms. Physical accessibility of these rooms vary. The spatial organisation of the rooms do not show the same sensitivity towards physical and cognitive requirements of the disabled, some of which are mentioned above. On this first floor is also the main auditorium, which functions as the ceremonial space where the more formal meetings in the city takes place. This room is probably the least accessible for people with disabilities, as it is reached only by a very long and spiralling set of stairs. Once in the room, navigation is still challenging for people with reduced mobility due to the auditorium layout and absence of ramps. As a result when a meeting takes place in the large auditorium, people with physical disabilities are relegated to the very top level of the room where the entrance to the auditorium is located and where they can easily park their wheelchairs if they are wheelchair users.

This brief overview gives us a number of insights about the power relations hidden in the spatial arrangements of LDPB meetings and answers some of the questions brought up above regarding deliberative sites' spatiality as they become apparent in this deliberative context.

First, the interaction of organised space and power becomes visible in the allocation of meetings and inhabitants. LDPB meetings take place in ground floor rooms, which, while being more accessible, are also the rooms that host more mundane and less important meetings in terms of their decisiveness.¹⁰⁶ While LDPB meetings cover a significant number of issues that affect the lives of people with disabilities, their power can be defines more as agenda making power,

¹⁰⁶ For decisiveness see Chapter 1, Deliberative Systems.

and the decisions that are reached in these meetings are referential rather than binding. The discussions, perspectives and ultimately decisions reached in this site are then transmitted to the Council's joint commissioning partnership executive meetings.

Meanwhile more significant meetings take place in the less accessible upper rooms. The upper room auditorium, while being the largest, is probably also one of the least accessible and awkward rooms in the whole building for people with disabilities. This is the room where the most decisive, sometimes ceremonial meetings take place. For people with disabilities, this implies an inverted relationship between the importance and popularity of a meeting and its physical accessibility. In this example, then, physical barriers people with disabilities face to participate in deliberation increase as the importance and popularity of the meeting increase. The more significant the agenda is and the more participants there are in a county hall meeting, the less present are the voices and perspectives of people with disabilities in that meeting, due to barriers.

Barriers do not disappear, however, after the initial hurdle of getting into this deliberative site. When a meeting takes place in the large auditorium, people with disabilities are relegated to the very top level of the room where the entrance to the auditorium is located. These top levels also happen to be the least visible and audible parts of the room, furthest away from the workstations and the microphones below, and simply not conducive to participation in the discussions that take place in the room. In a "culture change" event where I attended as a speaker in this auditorium, people with disabilities had to make an extra effort to see or hear the speaker, as well as be seen or heard if they wanted to participate in the discussion. Non-disabled interlocutors could be seen or heard in any part of the room by standing up and making themselves more visible, raising or adjusting their voice, or even walking down to the central stage so that the rest of the interlocutors see and hear them. Most of these options however

were not available for people with disabilities, further frustrating their attempts to follow or participate in the deliberations.

Another incident I witnessed in one of the more accessible ground floor rooms illustrates that the challenge of spatiality is a challenge not only in terms of the physical organisation of a deliberative site, but also in terms of how the exclusionary or oppressive character of that organisation is taken as natural, reproduced or reinforced by the inhabitants of that space. Before a deliberative meeting in a council room in January 2014, the council staff were still setting up the computers and screens. The room was relatively small for the expected fifteen participants, and the tables were arranged in a u-shape, facing the large projector screen on the wall. When the participants, about half of whom were cognitively or physically disabled started arriving, the staff member who was busy setting up the computers warned each disabled participant not to walk towards the area where the computers and the cables were, in case they step on the cables, touch the computers and accidentally knock things down. The warning was extended personally and strictly to the disabled participants as they walked in. Non-disabled participants were not warned, could move freely in the room and sit wherever they chose. The disabled participants however were led by the staff member to one corner of the room, which also happened to be furthest away from the electronic devices.¹⁰⁷ The perception of the able-bodied staff member about what people with disabilities could and could not do – and how much risk they posed to council property – interacted with the spatial arrangements of the room and resulted in an arbitrary as well as segregated seating plan whereby people with disabilities were banned from a certain area of the room and designated to another area.

¹⁰⁷ “Better Transport” meeting in Shire Hall, Gloucester, January 2014. It is ironic that only ten minutes into the meeting the same staff members had difficulty opening a programme in the computer, and it was a participant with a mild learning disability who helped her open and use the programme.

The two examples above – one from a less, and the other from a more accessible deliberative site illustrate how deliberative sites can spatially exclude people with disabilities from participation in deliberation on equal terms. In the first example, we have seen the organisation of space exclude and keep the disabled in their place, as well as make them feel out of place at the micro level of the single deliberative event. Physical barriers both added a greater cost to their participation by making access harder for people with disabilities, and at the same time demanded additional conditions and cognitive competencies. Seating arrangements were not conducive to equal participation of all interlocutors, but instead privileged the able-bodied. Able-bodied interlocutors were more visible and audible than the disabled. Access to visual and audio help was more readily available for the more mobile. In the second example, a disabling normative order was employed very openly and visibly, dividing the room between the able-bodied and the disabled, and telling the interlocutors who belongs where.

Using the language of spatiality scholars, the spatial set up in the Shire Hall perpetuated disabling attitudes and practices and the dominance of the able-bodied. This arrangement also sustained the hierarchy in which able-bodied citizens are welcome and accepted while people with disabilities are unwelcome and unaccepted. As a result, the spatiality of the deliberative site mirrored, reproduced and even multiplied the exclusion that disabled people face in society this time in the deliberative context. The attitudes of the council staff maintained and reinforced the hierarchy in which able-bodied citizens were seen as natural deliberators, therefore welcome and accepted, while people with disabilities were deemed to be out of place, whose presence needed to be regulated or policed. The negative impact of the spatiality of deliberative events in both examples is additionally remarkable, as both events were organised as part of the Council's attempt to reach out to people with disabilities and to include them in decision making processes. We see therefore at this micro level that even a deliberative

site with the end purpose of improving the lives of people with disabilities can disadvantage or exclude them as a result of inconsiderate spatial arrangements.

III. The Macro-Spatial Arrangement of the Deliberative System

While the two cases above illustrate the spatial dimensions of single deliberative events and how spatiality excludes people with disabilities, there is more to spatiality than the social organisation of a single space. Geographers and historians of the suburbanization process have been suggesting for a while that the disabled, poor, and racial minorities are excluded through a failure to make provision for social and medical services, public transportation and affordable housing (Jackson 1987; Hirsch 2009). If space reflects power hierarchies by designating some locations more powerful than others, we can expect to see a correlation between the social distance of a deliberative site to centres of power and that site's position in the deliberative system (Gieryn 2000, 475).

A number of non-profit disability organisations operate in Gloucestershire. They work in the same geography, partner in various degrees with the same County Council, and share a commitment to the same single-issue (i.e. improving the lives of people with disabilities, as well as their rights and involvement in public life). In this sense they make up a deliberative system that is defined by the same geographic location and institution, focus on the same single issue and an ongoing relationship with each other and the County Council. Among them, Gloucestershire Voices is a non-profit organisation founded with the help of the County Council, whose stated aim is "to improve the lives of people with learning disabilities and to make sure that the voice of people with learning disabilities is heard clearly" ('Gloucestershire Voices' 2016). Gloucestershire Voices holds "Area Action Group" meetings in six locations across the county every two months (Cheltenham, Gloucester, Cirencester, Stroud, Coleford and Tewkesbury). These local meetings, which are open to residents with

learning disabilities, their carers and other stakeholders (NGO representatives, NHS staff, etc.) have a deliberative nature, where the participants "listen to what is happening at the Partnership Board, give their opinions as well as share what things they think the Partnership Board need to hear about and do something about" (Gloucestershire County Council 2011). Carers Gloucestershire is another independent charity, whose mission is "to enhance the lives of carers and empower them to make informed choices that have a positive influence on their lives" (Carers Gloucestershire 2016a). The carers in question are close family members of people with disabilities who provide unpaid care. Carers Gloucestershire hold regular deliberative meetings called "Carer Forums", which aim to create "a strong carer-led 'voice' to influence policy and services to improve outcomes for all carers" (Carers Gloucestershire 2016b) Finally, D.R.O.P. (Disabled Responsible Organised People) is an independent organisation set up by people with disabilities, whose aim is to "educate and empower ourselves to challenge the disabling society in order to achieve an equal society". DROP also hold regular deliberative meetings that are open to people with disabilities in Gloucester. Moreover, members of all three organisations participate in the monthly LDPB meetings that take place in the Shire Hall. They deliberate both in a personal capacity as disabled members of the public, as well as the representatives of their respective organisations, bringing to the table the decisions reached at their organisations' own deliberative meetings, therefore reflecting the preferences of their member or participant base.

Each of these organisations have their own deliberative discussion and decision making processes, and their representatives participate in the monthly Learning Disability Partnership Board meetings that take place in the Shire Hall. The monthly LDPB meetings are the most comprehensive and widely attended deliberative events in the county so far as disability issues, advocacy and policymaking are concerned. While the Board itself does not

have executive power and therefore the decisions reached here are not binding, this is the one meeting in the county where all stakeholders and officials regularly attend, where every participant is given the platform to bring to the table their own voice and concerns, and as a result where the disability agenda for the whole County is discussed and shaped. At the organisational level, decisions reached at the LDPB meetings are transmitted to the Executive Board and the City Council Cabinet as a reference point for their executive decisions on disability issues. In this sense, LDPB meetings are the power centre in relation to other deliberative sites mentioned above.

While the LDPB meetings take place in the Shire Hall (in the city centre), Gloucestershire Voices and Carers Gloucestershire hold their meetings in various locations across the county – community centres, libraries, cafes that are central and accessible to prospective participants. Both these organisations have their own offices and employ a number of full time staff for their activities. DROP on the other hand does have the use of an owned or rented office, and its meetings take place in a community centre in the outskirts of the city. DROP is also the only grassroots organisation among the three - it is founded and led by people with physical and cognitive disabilities. While the other organisations enjoy the use of raised and donated funds, DROP does not have regular access to funds, whether it be donated funds or funds raised by the members.

DROP is distinct from the other organisations also in terms of its spatial positioning within the deliberative system. I have mentioned above that its meetings take place in a community hall in the outskirts of the city. Among all the other meetings I have attended in Gloucestershire, it was probably the DROP meeting which took place in a most underprivileged part of the city. This deliberative site was not only geographically, but also socio-economically distant from the Shire Hall as well as the other deliberative sites. The meetings took place in a run-down building in the middle of a council estate, with no sight of audio or visual equipment that I had come to expect

in other deliberative sites. To sum up, this was the most spatially distant and disadvantaged site among the others.¹⁰⁸

The disadvantaged feel of the site was only matched by the narrative dominant among DROP members. These were disabled grassroots activists who wanted to empower the disabled, and to that end engage with powerful organisations in a meaningful way, however felt that they were usually met with closed doors. They felt that their lobbying efforts were not met with sympathy, because they were seen as an angry, political group. They believed that the oppressive and disabling policies of the social services or other local authorities could be overcome, and that is why they carried on attending meetings organised by other non-profit organisations, as well as the LDPB meetings. However they wanted to also bring their critique to these meetings, but felt that while there is room for talking freely in many of these meetings, this freedom only existed in certain niches (including the LDPB meetings), and "across the hall in the same council building such freedom and safety of expression was not possible for an impaired person".¹⁰⁹ DROP members' attendance in LDPB meetings was less regular compared to the attendance of other organisations' members. Among the reasons they cited were suspicions regarding the usefulness and decisiveness of LDPB meetings ("LDPB meetings' decisions don't lead to any real change for people with disabilities"), belief that the meetings were simply tokenistic, that their real concerns and critique were not appreciated or heard, and finally, the time and effort it took to travel to the city centre to attend the meetings. Depending on the type of meeting, they could also face access issues once inside the Shire Hall, as already explained above.

¹⁰⁸ Office for National Statistics figures confirms my observation during my visit to the area. In terms of employment, 40% of the local population consisted of semi-skilled or unskilled manual workers, those on state benefits, and those who are unemployed or lowest grade workers. In terms of education, only 12% of the local population had a degree education or professional qualifications, whereas 35% has no GCSEs. Source and further details: Office for National Statistics, Neighbourhood Statistics for GL4 6JG, in Gloucester 011B (Super Output Area Lower Layer) <http://www.neighbourhood.statistics.gov.uk>.

¹⁰⁹ Minutes of an informal meeting with DROP members, 28 October 2014.

DROP was clearly set apart from the rest of the organisations in a number of ways. First, it was the only organisation set up and run by people with disabilities. Second, it was the only organisation whose members believed and stated very clearly that they were not listened to or heard by the county council. Their suspicion towards LDPB meetings was rooted in this sense of being excluded. They did not feel part of the discussion and decision making processes in the Shire Hall. Third, DROP was the only organisation that was geographically located in an underprivileged area, distant from the town centre both socially and geographically. Geographical distance alone from the town centre or the Shire Hall does not of course indicate a lower place in a system of multiple deliberative sites. The Bath Place story above is a recent reminder that a site that is geographically located in the town centre can be socially undesirable and distant from centres of power.

While there is insufficient evidence to establish a causal relationship between the social distance of the DROP site to Shire Hall and its members' perception of voicelessness, the correlation between DROP's geographical location, its social distance to Shire Hall and its members' sense of powerlessness may not be simply coincidental. Smith and Easterlow, for example, not only suggest that health conditions and disability might be mapped onto places, but also that people whose health is already compromised might actively be placed into deprivation, which has geographical as well as socio-economic implications (Smith and Easterlow 2005, 177). Curtis and Reed in turn argue that groups in society which are most socially separate are quite often spatially distant as well, especially in their residential distribution (Curtis and Rees Jones 1998, 646). Their suggestion that one's sense of moral responsibility for others tends to decay the more one is separated from them by distance might indeed affirm the perceptions of DROP members regarding their voicelessness in the Shire Hall.

I have suggested in the introduction to this section that if space reflects power hierarchies by designating some locations more powerful than others, we can expect to see a correlation between

the social distance of a deliberative site to centres of power and that site's position in the deliberative system. The case of DROP seems to illustrate one such correlation.

In conclusion, if we are to understand the barriers to the inclusion of people with disabilities in deliberative sites, we need to acknowledge and take into consideration the macro-spatial dimension – this requires an awareness of issues that run much deeper than physical access. In the above example of DROP, spatial positioning of deliberative sites in relation to one another further contribute to the perceived and real exclusion of the perspectives of a group of people with disabilities from the deliberative system. While I do not claim that the relationship between spatiality and exclusion from deliberation is one of causation in the macro sense, there are enough reasons in the spatiality literature and clues in the examples above for a correlation between spatiality, deliberation and transmission between different deliberative sites. Therefore organisation of space and the location of a deliberative site in a given system is a factor that needs to be accounted for in order for our analysis to be complete.

Putting Insights into Practice

I have mentioned in the introduction to this work that deliberative democracy has always harboured an emancipatory potential, a vision of giving otherwise disadvantaged groups voice and recognition. If the social organisation of space is as significant as its scholars and the above examples suggest in reproducing or mirroring the structures of exclusion and oppression in society, we need to start exploring the consequences of this new, spatial way of thinking about the deliberative site for how the site is organised, and how people with disabilities can be included in this spatial organisation. We need to also demystify spatiality and its veiled instrumentality of power to make theoretical and practical sense of deliberative democracy and its sites in order to realise further this emancipatory potential so far as people with disabilities are concerned. We must therefore take deliberative practices and institutions to task, criticise their workings which

appear to be neutral and independent, and unmask the obscure forms of exclusion, alienation and oppression that are exercised through the spatialities of these practices and institutions (Rabinow 1984, 63). The above pages made it clear that spatiality can further disable or enable people with disabilities at two levels - either by setting up barriers to their deliberation within the deliberative site, or by spatially rendering some deliberative sites voiceless and their decisions inconsequential within a deliberative system. Therefore our task should be finding ways in which the organisation of deliberative spaces can enable and empower people with disabilities for inclusion and participation in deliberation at both levels.

We can formulate at least two strategies through which participation can be spatially enabled or eased. Maintaining the dualities which have come up in the discussion above as a framework, we can first consider the bottom-up approach, where those who are excluded from empowered spaces and pushed to the margins present themselves to these spaces. I have already suggested this in Chapter 3, in the context of the practical implications of the embodiedness of deliberation. In practice, this would require an intentional and persistent appearance and participation of the excluded in sites of deliberative decision making. We can also consider a top-down approach, where those in the power centres can reach out to those who are excluded from empowered deliberation and join them in the margins. In practice, this would require a spatial awareness of where power exists and where it is absent, and whether or how it is transmitted. Based on these assessments, decision making power can then be spatially re-distributed by improving transmission channels and processes.

If barriers to the participation of the disabled in deliberation in a single deliberative event have a spatial element as we have seen above, the disabled ought to resist and contest those barriers first acknowledging and then openly contesting them in their very spatial context - because contestation, like exclusion and dominance, has a spatiality. I have reflected in detail on the embodiedness of these bottom-down, out of place practices in Chapter 3, and

mentioned that they spatialise deliberative sites, or in other words, lay bare the spatiality that is in place in those sites. If the deliberative site is implying that the disabled are "out of place" when they are in the site, to engage in "out of place" practices intentionally and persistently can be a form of resistance and contestation against a deliberative site that imposes a disabling normative order (Cresswell 1996). These "out of place" practices not only give voice to the disabled in deliberation and provide self-empowerment during single deliberative events, but exercised consistently, they can be instrumental in changing the normative order that the space imposes.

A few broad examples of these practices have already been given in Chapter 3 – Rosa Parks' insistence on sitting where she chose on in the bus was an "out of place" practice that challenged the spatiality of a public space. Disability activists' famous Capitol Crawl was similarly an "out of place" practice that challenged physical barriers to access to a power centre. In the context of single deliberative events we can think of a number of "out of place" practices that aim to challenge or alleviate the types of barriers and exclusions mentioned in the above sections.

These practices, of course, stem from an understanding that space mirrors the fundamental power structures, and it tells the disabled where they belong and where they do not. Unlike the majority of the population who are generally unaware of the spatial processes of exclusion, people with disabilities do not need additional education to see, understand or feel how space excludes and marginalises them – this is a reality they experience daily (Kitchin 1998, 351). There is still, however, a case to be made for more intentional and persistent "out of place" practices to challenge and overcome exclusion, and for deliberative democrats in turn to accept these disruptions.

At the micro level we can take some cues from the examples from Gloucester above. People with disabilities as well as their allies should insist on demanding access when the space puts barriers to that access. If a deliberative event is arranged in such a way that the disabled are relegated to the back, to the least audible or visible corners of the room (e.g. the auditorium in the Shire Hall), especially in a deliberative event on disability issues, the disabled should attract the facilitator's attention to the problem of spatial exclusion and ask to be given access to more visible, audible parts of the room. When they are not heard because they cannot speak loudly enough they should request audio-visual enablers like microphones, access to workstations etc. Only by intentionally and persistently pointing out to the exclusion that spatiality engenders can people with disabilities and their allies both empower themselves and convince the decision makers of the significance of spatial arrangements.

Attempting to challenge and overcome the excluding impact of spatiality at the macro level and the consequent problem of transmission between the public and empowered sites with a bottom-up approach might admittedly be less feasible because in many cases the conditions that create or contribute to the macro-spatial exclusion, which then lead to problems in transmission, will be systemic and structural. In this case, we should expect the onus for change and inclusive design to be on the shoulders of the institutional decision makers. Change should be initiated by institutional decision makers, happen at the systemic level and aim to improve the transmission gap between different sites of the deliberative system.

In this instance systemic change need not mean that each and every deliberative site is equally empowered and that their deliberations are equally decisive. It should, however, mean that perspectives represented, and more importantly, decisions that are reached in each deliberative site are transmitted without any barriers from the more public to the more empowered deliberative sites. Turning once again to the illustrative case of

Gloucestershire's deliberative sites, the council ought to guarantee that the spatial elements which have been mentioned above do not interfere with the deliberative decision making process whereby each deliberative site's perspectives and decisions are ultimately transmitted to the next empowered site.

Alleviating the macro-spatial barriers within a system can take different forms. The Gloucestershire Council, for example, can compensate for the distance between the public and empowered sites which DROP members believe contributes to the exclusion of their perspectives in the LDPB meetings. The council can provide free shuttles to the Shire Hall, which would close the physical distance. On the other hand, holding the monthly LDPB meetings in different locations, perhaps even rotating between the deliberative sites in the same area would help close the socio-economic distance. Rotation of LDPB meetings' locations would admittedly add a logistical burden to the council, however it would also ensure that no one physical site is associated with a privilege of decisiveness, and that decisions reached are backed by the force of the argument rather than of spatial arrangements.

Conclusion

In this chapter I had two goals. First, to highlight the much neglected significance of space and spatiality in deliberative democracy, and their impact on deliberation as well as transmission. Second, to show how the exclusion of people with disabilities from deliberative democratic processes and sites has a spatial element that should not go unnoticed – because these sites and processes cannot be made disability inclusive if the spatial dimensions of exclusion are not acknowledged and alleviated. I also suggested that if exclusion has a spatial dimension, challenging and alleviating that exclusion also ought to have a spatial element.

The illustrative cases from Gloucestershire disability community's deliberative meetings provided insights on how the spatiality of deliberative sites impact deliberation and transmission on the micro as well as the macro level. The organisation of deliberative space excludes, creates barriers, silences, leaves out and segregates, makes the disabled feel "out of place". Deliberative systems on the other hand can leave some deliberative sites outside the decision making processes by concentrating power and decisiveness in some sites and denying it to others. Spatiality can also give rise to problems in transmission, whereby decisions reached in one site are not transmitted to another due to the physical as well as socio-economic distance between two sites.

Finally, the discussion in this chapter brings to the agenda of deliberative democracy scholars a new, perhaps limited, but nevertheless significant research question that needs to be explored further: What can deliberative democratic theory learn from theories of spatiality? The question is important because if spatiality does indeed affect deliberative processes as this chapter suggests, every deliberative site and system needs to take into account its effects in order to maintain deliberative democracy's so called superiority. Beyond the theoretical question however, practitioners of deliberative democracy - policy makers, designers and facilitators of deliberative institutions and events will gain much insight and improve the quality of their designs as well as deliberative events taking the necessary steps to offset the impact of spatiality.

CONCLUSION

In March 2015, scholars and practitioners of deliberative democracy came together in a workshop hosted by The Centre for Deliberative Democracy and Global Governance at the University of Canberra to share their experiences and insights from research and practice. After a brief overview of deliberative democracy's achievements in the last three decades, Carolyn Hendriks from the Australian National University presented future topics and challenges for research. The role of non-verbal communication in deliberation, boundaries of deliberation in relation to power and self-interest, and the question of who is excluded (e.g. children, ethnic groups, the disabled, animals) were mentioned as "cutting edge" issues that deliberative democrats would have to engage with (Institute for Governance and Policy Analysis 2015).

The issue of disability in deliberative democracy was indeed waiting to be discovered in light of the proliferation of deliberative events and the prevalence of disabilities in any given society. I have stated in the introduction that the normative concern of this work is to recover and indeed to advance the emancipatory credentials and vision of deliberative democracy by bringing up this issue. With this goal in mind I have attempted to identify the roots of the issue and provide a solution that will on one hand improve deliberative democracy's emancipatory credentials and on the other hand give its practitioners a model for inclusion.

The Issue Identified and Explored

Deliberative democrats were aware of the theory's cognitive burden and demands almost from the beginning, as the discussion on the "turns" of deliberative democracy makes clear. Indeed, the development of deliberative democracy has always relied on a pattern of an ongoing dialogue between its theory and practice. However, I argued that throughout these dialogues and the development of deliberative democracy over the last three decades, people

with disabilities were consistently left outside the scope of discussions that aimed to make deliberative democracy more democratic, relevant and applicable.

I identified three root causes for this exclusion. First, deliberative democracy's convergence with liberalism – as it flourished in liberal contexts – led to the construction of the deliberative citizen as a liberal citizen. As a result, those who do not have the competencies expected from liberal citizenship have been left out of the scope of discussions about, as well as critique of deliberative democracy. Second, deliberative democracy's neglect of the embodiedness of deliberation, again linked to its convergence with liberalism, conceptualised a deliberative site which normalised able-bodiedness and left out deviant bodies. This neglect also prevents deliberative democrats from a complete understanding of deliberative communication, since they leave the bodily aspects of communication outside of their analysis. Finally, deliberative democracy's neglect of the spatiality of deliberative sites at both micro and macro levels lead to the under theorisation of the role of social and physical arrangements and distance in questions regarding inclusion and exclusion. I summarise each of these points in the following paragraphs.

The Liberal Deliberative Citizen

Deliberative democratic theory's marriage with liberalism lies at the heart of these assumptions about the deliberative citizen. As a result, deliberative democrats follow liberal constructions of citizenship. This citizen is self-sufficient and independent, egocentric and primarily interested in pursuing her own self-interests. The liberal citizen is also able-bodied: her physical and psychological needs and capacities are within the "normal" range. Deliberative citizens have roughly similar physical and cognitive powers, and as I have explained quoting from Rawls, those who are below the line of this "normal" are not an

immediate concern of liberal theories. Their needs can be met once the society has agreed on principles of justice and through legislative means. This need meeting is seen as a purely medical, bureaucratic and distributive process, aiming to “restore” people with disabilities into fully functioning citizens.

These assumptions lead to a number of specific problems, which I grouped under the four headings of participation, rationality, language and equality. The assumptions pose a problem in terms of participation, because the demands of the deliberative site might prevent the presence, voice or representation of all relevant parties in a deliberative site. When these demands privilege the able-bodied, it may prove to be impossible for people with disabilities to be part of deliberative decision making processes. Demands about rationality further disadvantage those who deviate from the norms that define citizens’ competencies. Deliberative rationality is usually linked to basic cognitive capacities to formulate and defend arguments in an understandable and persuasive way, which marginalise those who speak less well, or who speak in ways that are devalued by the dominant culture. People with disabilities are further disadvantaged in terms of the use of language, as in many instances they may not have the best grasp of language to speak eloquently. As a result, although deliberative theory is built on the principles of equal access and equal opportunity to articulate persuasive arguments, in its practice people with disabilities are given neither access to the site nor opportunity to voice their preferences.

The four deliberative events from different countries show the extent of this exclusion at work. All four cases illustrate that while deliberative democrats are aware of the need for an inclusive and representative deliberative site, the citizenry that they imagine does not include people with disabilities. Their attempts to create a microcosm of the society

often do not go further than recruiting to the deliberative site through random or stratified samples of the population. Giving each citizen an equal chance of being selected to participate in deliberation might be adequate for a demographically diverse deliberative site in relatively equal societies, however it does not stop the systematic exclusion of the disabled from participation.

The Embodiedness of Disability and Deliberation

One of the issues we encountered while discussing the conceptualisation of the deliberative citizen and the insights gained from disability models was that deliberative democratic theory and its deliberative sites take for granted the mind / body dualism and privilege the mind over the body. Indeed, no account of deliberative democracy acknowledges the embodiedness of interlocutors in the deliberative site. Deliberation is equated with linguistic communication in a narrow cognitivist sense and the significance of human embodiment, emotion or imagination is completely ignored although our experience of both communication and being with others is simply and always an embodied experience. However it is important to remember that disembodiedness assumes bodily normality (i.e. able-bodiedness). As a result, the body only becomes noticeable when it displays difference, in particular in the case of those whose differences render them visible in a matrix of asymmetrical power relationships. In the context of able-bodiedness versus disability, this means the conceptualisation of the deliberation and the deliberative site as disembodied renders the disabled abnormal and out of place.

Failing to recognise the embodiedness of deliberation also causes deliberative democrats to ignore or miss a significant dimension of communication in their analysis. As the DQI example shows, awareness of and attention to the bodily aspects of deliberation can

enable deliberative democrats to analyse and understand at a much deeper and arguably more accurate level what really happens during deliberation. Therefore any attempt to understand deliberation must find a way to take into account bodily cues, some of which were mentioned in the DQI example as shouting, laughing, crying, standing up, raising hands (for example in disbelief) and so on.

The Spatiality of Deliberative Sites

While disability studies scholarship has always been interested in the spatial dimensions of exclusion, deliberative democrats have not yet fully acknowledged the significance and role of spatial arrangements in deliberation. At the micro level, awareness of spatial arrangements and how the site is organised can help us identify who is allocated where and for what reason, who has access to various objects or privileges (e.g. speaking platform, microphone, projector etc.) and under what conditions they have this access. The answers to these questions then can inform us about the power relations that are not immediately visible during deliberation.

Spatiality of deliberative sites is also significant in a systemic analysis, because the spatial positioning of the different sites of the same deliberative system in relation to one another has an impact on the decision making processes that take place in that system, namely the decisiveness of deliberation and the transmission between different sites. In other words, the social distance between deliberative sites can be indicative of the power relationships which have a direct impact on the consequentiality of the decisions that are taken in that site. Moreover, in some instances – as in the DROP example – physical distance might also be indicative of social distance. This discussion brings back the distinction made in the deliberative democracy literature between public and empowered sites, and suggests that the spatial dimension of this distinction has to be taken into consideration to fully understand questions regarding inclusion and exclusion.

Solutions: An Inclusive Model for Deliberative Democracy

Having identified the issues that prevent people with disabilities from participation in deliberative democratic decision making processes, I proposed an inclusive model of deliberative democracy that constructs the deliberative citizen as a citizen with a caring orientation, acknowledges the embodiedness of disability as well as deliberation, and employs the embodied presence of disability as a claim for recognition and inclusion. The inclusion of the disability perspective in deliberative sites makes decisions epistemically superior both because of the intrinsic and procedural value of inclusion. Finally, this inclusive model also acknowledges the role of the spatiality of deliberative sites at both micro and macro levels, leading to a theory and practice that is spatially inclusive as well.

From a liberal to a caring orientation

Deliberative democrats' construction of the deliberative citizen following liberal assumptions leave us with two main problems to solve. The first problem is to do with the pre-deliberation recruitment process. As we have seen, the disabled are absent from deliberative sites, and their absence is for the most part not noticed or problematized. The second problem is to do with what happens during deliberation – as long as the disabled and able-bodied citizens share the same deliberative space as liberal citizens, the demands of the deliberative site will always render the disabled disadvantaged and less powerful compared to the able bodied.

To alleviate the first problem, I have argued that the recruitment methods that are used most often by deliberative democrats, namely random sampling and stratified sampling, must be modified to guarantee the presence of the disabled in deliberative sites. While we can expect

random and especially stratified random sampling to bring an adequate cross-section of society to the deliberative site, the systematic exclusion of people with disabilities, especially in light of the stigma and prejudice that they face in public, requires additional measures to be taken for their inclusion. These additional measures may include over sampling of people with disabilities during recruitment, or establishing a quota in the deliberative site to make sure that their perspectives are recognised and heard in deliberative sites.

The second problem is less likely to be solved by short-term measures. I contend that in the face of the engrained marginalisation, disadvantage and stigma that people with disabilities face every day, a fundamental orientation change is required for the disabled to take their place in deliberation as equals. Beyond attitudes, the communication needs of a disabled person may require more costly adjustments, more time, more attention, even more patience from the interlocutors in a deliberative site. A caring orientation, with its emphasis on interdependence as opposed to independence provides deliberative democratic theory with the theoretical resources to justify the additional cost inclusion may require.

Embodied Presence and Perspectives

While deliberative democratic theory and its deliberative sites take for granted the mind over body dualism and privilege the mind over the body, rejecting the mind over body dualism and acknowledging the embodiedness of deliberation helps open up a discussion about the practical inclusion of people with disabilities in deliberative sites. The embodiedness of disability can be employed as a political claim that makes visible the exclusion, and the unexpected presence of the embodied citizen in the deliberative site can be a demand for recognition and voice. The

embodied presence of the person with a disability in the deliberative site can make the interlocutors accessible and subject to each other and thereby mitigate the stigma and social distance that people with disabilities find themselves subject to. Moreover, encountering one another in the presence of vulnerability may also engender a re-humanising and caring response whereas distance and segregation dehumanize. The embodied presence of the disabled in deliberative sites also lays bare its workings that might appear to be neutral, independent or idealised. Consequently, it politicises the deliberative site because hidden in these distances and exclusion are power relations that dictate who is in and out, who belongs and who does not belong and so on. Finally, the embodied presence of the disabled person in the deliberative site performs deliberation by making exclusion visible. The significance of the embodiedness of disability and deliberation, require deliberative democrats to take into account the bodily dimensions of deliberation. In practice, this means including the bodily and non-verbal aspects of communication in their measurement toolkits. The additional, social bond creating benefits of participation also make deliberation in physical spaces especially relevant in this context. Therefore, once again, practitioners of deliberative democracy will have to proactively recruit people to participate in deliberative sites.

However, this presence goes beyond the above claims and brings an epistemic superiority to the deliberative decision making process, which means that decisions that are reached in more inclusive sites lead to epistemically better outcomes. I explained this epistemic superiority on the grounds that inclusivity has an intrinsic as well procedural benefits. The intrinsic value of inclusivity is based on deliberative democracy's emphasis on equal political autonomy or equal consideration of citizens. It is a benefit on its own independent of the quality of the outcomes of deliberation. Epistemic procedural value on the other hand suggests that the wider the range of opinions in the deliberative site, the better the outcomes will be.

This is especially true considering that the perspectives of people with disabilities are products of a particular experience that originates from a very distinct social knowledge. People with disabilities bring to the deliberative site the knowledge of a different type of living the everyday life, a different type of communication and interaction with others. When their reasons or opinions are taken into consideration during deliberation, what is acknowledged is more than an individual's opinion – that particular reason or opinion finds its source in the shared perspective of disability.

Due to the nature of a given disability, there may be times and circumstances that make it hard or impossible for this perspective to be communicated by the disabled themselves. While the presence of the disabled person is still significant for the reasons above and therefore still required, this presence also needs to be translated into preference by a representative of the disabled person who has a good claim to represent her. In this case, I proposed that the care relationships between people with disabilities and their carers can be potential bases for representational claims or mutual enactments of citizenship, whereby the disabled may be physically present in deliberative sites with the persons who care for them as communicative-others who share and represent their perspectives, and who act as translators of their preferences. I have given examples of how these representative relationships could look, using a number of different scenarios. In terms of practical applications for deliberative democrats and especially facilitators of deliberative sites, I suggest with this model that invitations (or quotas) are extended to people with disabilities with an awareness of a potential need for a communicative-other to be present with them, and possible necessary accommodations.

Finally, spatial arrangements of deliberative sites, both at the micro level of the single deliberative site and the macro level of multiple sites within a deliberative system, should reflect an awareness of how space has an impact on the power relations and therefore both the quality and consequentiality of deliberation. When people with disabilities are present in a deliberative site, their needs regarding access and voice should be taken into account: physical access to the site, seating arrangements, access to audio-visual help, visibility and audibility of interlocutors and so on. Similarly, deliberative democrats in their analysis and practitioners in their organisation and facilitation of deliberation should continually ask themselves whether and how their choice of location for a deliberative event has any negative (or positive) implications regarding the space-power relationship that has been explored earlier. As I have indicated, physical distance and social distance may be mutually constitutive, however social distance is not always implied in physical distance.

Further Reflections

While my immediate concern in this work is the inclusion of the disabled, the ideas that I introduce and the solutions I propose point to a twofold or two-dimensional contribution to the literature. The first dimension deals with the immediate concern – the inclusion of the disabled – in the narrow sense. However it becomes clear very quickly that concepts, insights gained and literatures engaged with in the process of looking for a solution point to wider implications that move beyond the immediate concerns of this work. These concepts and corresponding insights, which deliberative democrats have either completely ignored or engaged with only inadequately, for example the construction of the deliberative citizen as a liberal citizen, the embodiedness of deliberation, the spatiality of the deliberative site, can have wider implications

in a number of contexts that go beyond the scope of this work. We can think of a number of marginalised communities or identities for whom these ideas may be relevant. Immigrants, especially those who do not speak the local language, the long term unemployed, or those who are incarcerated immediately come to mind. If their exclusion from decision making processes, and especially deliberative sites display similarities with the exclusion and marginalisation that the disabled face, there are probably convergences waiting to be explored.

In many ways this work is only a preface to many of the issues raised. While the ideas I have presented here have had their roots in my observations of practice and the interaction of that practice with the theory in turn, it will still be necessary to ask what sense people make in practice of this model. Therefore the theory, as well as practitioners of deliberative democracy will benefit from future trials of the model I propose, especially through empirical search for evidence.

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APPENDIX A

List of Conversations and Meetings Used as “Aids to Insight”

Conversation with Barnwood Trust Staff, 4 December 2013

Location: Barnwood Trust, Ullenhall.

Present: Clare Fletcher (Research Manager), Philip Booth, Hettie Peplow and Maureen Rowcliffe-quarry (Community Inclusion Workers).

Discussion:

In this introductory meeting in Gloucestershire, my goal was to understand the makeup of the disability community in the county, along with the actors and structures that are involved. I introduced myself and my work, and asked them what their roles as “community inclusion workers” involved. I did not use structured questions, but instead started a conversation with the individuals. It was in this meeting that the LDPB meetings in Gloucestershire were first mentioned by Philip Booth. And it was through his introduction to the LDPB chairs that I made first contact with the LDPB chairs. It was also at this meeting that Maureen told me the story about the cafes in a Gloucestershire town, which I reflect on as an illustrative scenario, “the story of a missed opportunity” (see p. 148 ff).

Clare summarised her experience and view on participatory politics as follows: Participatory events are tokenistic almost all the time. Legitimate decision making processes are not open to the influence of people with disabilities. Sites of influence are usually different than the sites where people with disabilities give their views. Representation is also problematic, as one person with a disability cannot represent another person with a disability just because they are both disabled. Therefore it is vital to support each and every person to find their own voice.

Better Buses Meeting, 29 January 2014

Location: Shire Hall (Gloucester)

Better Buses campaign started in January 2012 in partnership between Gloucester LDPB and Gloucestershire Voices, to address local transport issues that people with disabilities face. During workshops facilitated by Gloucestershire Voices, 43 different issues came up. The group meets every two months to deliberate and act on these issues.

Present:

Kathy Williams (Cabinet Member, Mental Disability and Long Term Care), Alan Bentley (Gloucestershire Integrated Transport Manager), Philip Booth (Barnwood Trust), Janet (Gloucestershire Voices, Self-advocacy development worker), Zara H. (LDPB co-chair, Learning Disabilities Service User), Nick (Gloucestershire Voices co-director, LD Service User), Nick (LD Service User), Nathan (LD Service User), Thomas (LD Service User), Natasha (Council Staff), Vikki (Council Staff).

Agenda:

Stagecoach presentation practice by Janet, Nick, Nick, Thomas, Sara, in preparation for the Stagecoach meeting the following week.

Travel Buddy Presentation by Nathan

Discussion regarding the future of the group (funding cuts coming in place, some will lose jobs/positions).

Traveline Website discussion (process report by Natasha).

Bus Passes discussion (process report by Nicki).

Hate Crimes discussion.

LDPB Meeting, 17 February 2014.

Location: Shire Hall (Gloucester)

Present: LDPB Co-chairs (Jan M. and Zara H.), Sam C., Andy M. (Community Protection Inspector), Jonathan J., Margin A. (Gloucestershire Clinical Commissioning Group), Nicky S., Julie P. (GCC Staff) Gloucestershire Voices Staff, Carers, Service users (individuals with disabilities).

Agenda

Gloucestershire Voices Update (Information)

Gloucestershire Concordat, "Free to be me Spaces" (Information and Discussion)

Hate Crime Reporting (Information and Discussion)

Benefits and Universal Credit (Information and Discussion)

Joining up your Care (Information and Discussion)

In this first LDPB meeting that I attended I introduced myself and joined in the discussions like every other board participant. I was introduced to Zara, the LDPB co-chair who is also a service user, and had a conversation with her about how much she likes being part of the board. Discovering that I come from a university – and am therefore an expert – Zara asked me a number of questions about how well I think they are doing as the LDPB board chair and members.

LDPB Annual General Meeting, 31 March 2014

Location: Main Hall, Guildhall, Gloucester.

Present: LDPB Co-chairs (Jan M. and Zara H.), Suzie P., Sam C., Andy M. (Community Protection Inspector), Liana M., Fiona W., Nathan W., Jonathan J., Mark A. (Gloucestershire Clinical Commissioning Group), Nicky S., Julie P. (GCC Staff) Gloucestershire Voices Staff, Carers, Service users (individuals with disabilities).

Agenda

Employment Group Presentation

Housing Group Presentation

Community Inclusion Presentation

Health Presentation

Gloucestershire Voices Presentation

Disability Partnership Award Ceremony

LDPB Meeting, 24 April 2014

Location: Shire Hall (Gloucester)

Present: Agy P. (GCC), Ailsa L., Alex P., Becky C., Janet H., Jan. G., Jordan R.W., Nathan W. (Service users), Jan M., Zara H. (LDPB Co-chairs), Ann A., Brenda B. (Parent carers), Richard C. (Care Services), Sam C. (Support Officer), Simon S. (2gether), Sue W. (Family carer), Gloucestershire Voices Staff, Vikki W., Karen R. H. (GCC).

Agenda

Gloucestershire Voices – Area Action Groups Update (Information)

Building Better Lives Consultation (Discussion)

(Deliberation on what needs to happen in each of the 7 policy areas: Independence, Early Help, Inclusion, Contribution, Personalisation, Shared Responsibility, Whole Life Approach)
New Communication Strategy (Information and Discussion)

Conversation with Jan Marriott, 2 June 2014

Location: Gloucester

In this first face to face meeting, I introduced my work to Jan and asked for her feedback. At this point my ideas on the significance of embodiedness and caring citizenship had already been formed. Therefore I had the opportunity to ask her feedback on these ideas. It was also at this meeting where we had a discussion about Jan's serving tea to a service user who arrived at the LDPB meeting late (see p. 120).

Conversation with Steve Strong, 2 August 2014

Location: Stroud

Steve Strong was the Manager for Gloucestershire Voices, a user-led organization which took active part in LDPB meetings in Gloucestershire. In this first meeting I introduced my work and asked Steve to comment on my ideas on embodiedness and caring citizenship. We also had a conversation about the role of carers and non-disabled others in the lives of people with disabilities. This discussion informed and shaped my thoughts on carers being disabled together with those who they care for.

LDPB Meeting, 18 August 2014

Location: Shire Hall (Gloucester)

Present: Agy P. (GCC), Ailsa L., Alex P., Becky C., Janet H., Jan. G., Jordan R.W., Nathan W. (Service users), Jan M., Zara H. (LDPB Co-chairs), Ann A., Brenda B. (Parent carers), Richard

C. (Care Services), Sam C. (Support Officer), Simon S. (2gether), Sue W. (Family carer), Gloucestershire Voices Staff, Vikki W., Karen R. H. (GCC).

Agenda:

Gloucestershire Voices AAG Update (Information)

Carers Update (Information and Discussion)

Healthy Weight Workshop (Discussion – What steps should be taken for a balanced diet, Being Active, Services)

Keeping Safe Discussion

Conversation with Jan Marriott, 21 August 2014

Location: Gloucester

In this meeting we discussed the challenges people with disabilities face in their participation in meetings and events that take place in the Town Hall (Shire Hall), and how the institutional set up of the County Council prevents the participation of people with disabilities from being part of decision making processes.

LDPB Meeting, 27 October 2014

Location: Shire Hall (Gloucester)

Present: Agy P. (GCC), Andy M. (Community Protection Inspector), Ailsa L., Alex P., Becky C., Janet H., Jan. G., Jordan R.W., Nathan W. (Service users), Jan M., Zara H. (LDPB Co-chairs), Ann A., Brenda B. (Parent carers), Richard C. (Care Services), Sam C. (Support Officer), Simon S. (2gether), Sue W. (Family carer), Gloucestershire Voices Staff, Vikki W., Karen R. H. (GCC).

Agenda:

Gloucestershire Voices AAG Update (Information)

Carers Update (Information)

Building Better Lives Update (Information)

Challenging Behaviour Strategy Update (Information)

Dysphagia Discussion (Information and Discussion)

Conversation with DROP members, 28 October 2014

Location: Redwell Centre, Matson, Gloucester.

Present: Liam S.W., Siobhan S.W., Rob S., Rich A.

D.R.O.P. (Disabled Responsible Organised People) is an independent organisation set up by people with disabilities, whose aim is to "educate and empower ourselves to challenge the disabling society in order to achieve an equal society". DROP also hold regular deliberative meetings that are open to people with disabilities in Gloucester (see p. 178).

I attended one of DROP's regular Tuesday afternoon meetings as an observant, however after the structured part of the meeting I was given the opportunity to introduce myself and present my work. We had a rich and wide-ranging discussion especially on the intersection of disability, power and decision making processes, which informed my thoughts on the relationship between spatiality and power (see Chapter 5).